Health – 1918

ANOTHER EXPERT ON RACIAL TYPES.

Journal & Guide Mar. 23, 1918

Education and position serve to convince some men that they are not so very wise after all, while the same advantages given to others translate them into conceited asses. These remarks are prompted by the pseudo-scientific observations of one Dr. Sherley W. Wynne, printed in a recent report of the New York City Health Department. We quote:

"It is undoubtedly true that the Negro has deteriorated since slavery time.

"In slavery time, tuberculosis was practically unknown amongst the Negro race.

"Why were Negroes free from tuberculosis in slavery times? Then he was disciplined; then he was made to bathe, to keep clean; he was furnished a comfortable cabin in which to live; he was given wholesome food in a generous quantity; he was made to stay home at night and rest that he might be able to work. He was not allowed liquor nor indulgence in vicious pleasures. If he became ill the best physician obtainable was called to treat him. The health of the children was carefully looked after. It was to the slave owner's interest to do this. A sickly Negro was of very little value; a dead Negro none.

"When freedom came he had to shift for himself and not having any exxperience he got along badly: 'Like a child turned out in the world, homeless and penniless, to become the prey of any rascal who was disposed to take advantage of him.' The present generation of Negroes have grown up amid unfavorable surroundings; they live irregular lives and they roam around at night."

"Again, old physicians tell us that in ante-bellum days, the Negro race was practically free from venereal diseases. Now, syphillis and gonorrhoea are very common amongst them. In fact, few Negroes escape one or the other.

"The Negro lacks initiative, 'he is not lazy, he is not afraid of work; he will undertake hard jobs which the white man shirks.' He is unable to withstand temptatation and enticement.

"The education of the Negro should seek to train him not in English literature, ancient history, algebra geometry, but should train him that he may earn a decent livelihood. He should be taught the trades for which he is physically and mentally equipped.

We would remind Dr. Wynne that it is also undoubtedly true that the whole human race has deteriorated more or less physically since the balmy days of slavery, and if he will turn his telescopic vision toward devastated Europe he will discover that his particular branch of the human race has gone back mentally and spiritually as well as physically.

As to venereal diseases every physician and every layman who has given the subject any study knows that there has been a marked increase in the spread of this "social malady" within recent years, and the disease has been no respector of races. But his assertion that few Negroes escape either syphillis or gonorrhoea is not justified by the facts. It is a matter of record that of the twelve hundred young colored men who qualified for training in the Officers' Reserve School at Des Moines, Iowa, last year, not one of them was found to have any venereal infection. Can Dr. Wynne find a similar group of men in his own race with a record as good?

So-called medical experts often attempt to contrast the alleged physical condition of the Negro during slavery times with conditions of the present times to the disadvantage of the race. Vital statistics were almost unheard of during those times and there is no accurate way of telling how fast Negroes died then or what diseases they were afflicted with. Most of the diseases that kill men now were unknown to the medical profession then.

We do not think that any comment on Dr. Wynne's "advice" as to the sort of education the Negro needs is necessary. If he does not qualify as an educational expert with more accuracy than he has as a medical expert he will reflect little credit upon the profession for which he presumes to speak.

THE DECLINING BIRTH RATE.

"I say without hesitation, that in this sense a large part of the native stock of America is not maintaining itself."

This is a striking thought in an address recently delivered by Louis L. Dublin, Statistician for the Metropolitan Life Insurance Company, and conspicuous as a member of the American Association for the Advancement of Science. The address was upon the subject, "The Significance of the Declining Birthrate." That could not possibly mean America, the average man will say, when the population of the country is steadily and rapidly increasing. But Mr. Dublin demonstrates in his address that the increase is due to foreign immigration to the greater number of children born to emigrant parents. The American stock is not maintaining itself.

In 1870, the native whites of native parents formed a group which comprised 67.8 per cent. of the total white population of the country; in 1910 the percentage of native white stock of native parents had dropped [illegible].5 per cent.

To realize [illegible] about 40 per cent. of the white population is made up of persons, who were either born in a foreign country or whose parents were born in a foreign country, is necessarily disquieting to an American who has a large vision for the future of his country. Is it any wonder that war proved to us, that we had many discordant and hostile groups among our own population and that we had unsual and exceptional difficulties in assembling and making use of our resources in men and wealth for a great effort in our war?

Mr. Dublin finds that there has been a marked and continuous reduction in the birthrate for a term of years. He says, "The rate of decline in recent decades has been so rapid that Professor Wilcox suggests amusedly, that if continued over a period of a century and a half, which is comparatively a short time in the history of a nation, there would be no children at the end of that time."

It is an axiom that the vigorous, growing nations are the nations that have a good birth rate and that the declining nations are those which have a low birth rate. The first symptom of decadence in a nation, is the drop of its birth rate, below its death rate. It has been found by the statisticians and social students, that the race stock which laid the foundations of our institutions during the critical period of our existence, in large areas of the country, is no longer maintaining itself, and its place is being taken gradually, but surely, by foreign races, which reproduce much more rapidly than does the native American class.

It is disquieting to learn that high education has an unfavorable effect upon the American birthrate,—particularly the higher education of women. This is not said in criticism of either the higher education of men or women, but it is the simple statement of a fact that can not be denied or explained away. No American man of science writes upon population subjects without dealing, in one way or another, with the failure of college graduates to have large families. Mr. Dublin in his address has this to say:

> Additional evidence of the selective character of the declining birth rate is presented in special studies on the size of families of college graduates and of men of science. Thus Phillips, in his work on the birth rate among graduates of Harvard and Yale Universities, shows that the number of children born per married graduate has fallen from about 3.25, in the decade 1850 to 1860, to a little over 2. in the decade 1881 and 1890. Similar facts are observed in the statistics for other college graduates, but none are so low as those for the graduates of colleges for women. Thus we find that the number of children per married woman graduate of Smith College was only 1.3, of Vassar 1.6, of Bryn Mawr 1.7, and of Holyoke 1.8. Even more significant is the ratio of children per graduates, which for all of these colleges is less than one, due to the fact that less than 50 per cent. of the graduates of women's colleges marry. Professor Cattell further shows in his study of 643 American men of science that the families from which the

San Francisco and Los Angeles Are Contrasted

SACRAMENTO CAL UNION
APRIL 9, 1918

Mortality Statistics Reveal Interesting Facts Concerning Character of Population.

There are marked contrasts between the population of San Francisco and Los Angeles, as indicated by the proportion of the sexes and the distribution by race and nativity of persons dying in these cities in 1917.

Among 7156 decedents in San Francisco last year, the males totalled 4490 or 62.7 per cent, while among 6717 persons dying in Los Angeles city the men numbered only 3756, or 55.9 per cent.

In San Francisco the white decedents totalled 6773, or 94.6 per cent of all, with non-Caucasians as follows: Chinese 274, Japanese 61, and negroes 48. In Los Angeles the white decedents numbered 6241, or only 92.9 per cent of all, the non-Caucasians being distributed thus: Negroes 251, Japanese 169, Chinese 52, and Indians 4.

The greatest contrast between the two cities is in the nativity of white decedents. In San Francisco the foreign born lead with 3039, or 44.9 per cent, followed by native Californians, 1915, or 28.5 per cent: other Americans, 1629, or 24 per cent; and unknown, 190, or 2.8 per cent. In Los Angeles, however, decedents, who were born in other states form by far the most numerous group, 3253, or 52.1 per cent, followed by the foreign born 1717, or 27.5 per cent; native Californians, 1110, or only 17.8 per cent, and unknown, 1661, or 2.6 per cent.

NORMAL SCHOOL STUDENTS HEAR HEALTH TALKS

Tri-Weekly Advocate
May 16, 1918

Several interesting lectures were heard Thursday afternoon by the students of the State Normal colored school when a number of well known physicians appeared at the school and delivered interesting talks on how to prevent malaria and typhoid fever. Dr. Robert Oleson of the United States Public Health Service was one of the leading speakers of the afternoon. Dr. Oleson outlined the danger of typhoid and malaria germs, and insisted on the students to extend every effort to stamp out the disease.

Other talks were made by Dr. Adamson, Dr. Baker, Dr. Prather and Dr. Metz. Dr. Wilson a well known colored physician made a brief address as well as did Lieutenant Stokes, a colored officer. The faculty of the State Normal school assured the physicians that the students would lend every aid in the fight to wipe out malaria and typhoid fever.

DIVISION OF BEHAVIORAL SCIENCE RESEARCH PEL 7

scientific men had come had an average of 4.7 children, while these scientific men who were married and whose families were complete had an average of only 2.3 children, these figures including all the children born.

He answers the question as to how large a family should be to perpetuate the native stock and American institutions. He first says that the accurate answer could be made only, when it was ascertained what the questioner would like to see as the natural rate of increase be. His answer fixes the number of children necessary to a family in order that our population may remain stationary. In his own words, "The average number of children which must be born, is increased to close to four, in order that the stock may maintain itself without increase or decrease."

What is the remedy for improving a condition which threatens the permanence of the supremacy of native American stock? Mr. Dublin would first change the system of education provided for our young because for the most part it has failed "to inculcate national ideals." There is much in this thought: we are ready to concede that he is right there. Our people, he said, have been taught to think in terms of personal convenience and advancement and not in terms of national, or common good. Again, he is right.

We are, in short, made selfish by the American system of education, which teaches our young to live with an eye to personal advancement and fails to inculcate the great truth our intellectual social and economic advancement must be carried forward not only as traditional, but more especially in terms of new vigorous and worthy personalities.

And, he says that our women must be taught not to center themselves upon personal refinement and personal ambition, and that a so-called "career" may be nothing except intensified selfishness. And, he argues rather strongly that the State should reward either with esteem, or substantially, women who realizing their obligation to the State are willing to bring up facilies of normal size.

SAVANNAH GA. PRESS
MARCH 19, 1918

FIGHTING TUBERCULOSIS.

If it is possible to do so the city of Savannah should lend material aid to those who are now endeavoring to establish tuberculosis clinics for the white and colored people who suffer from this disease. This is a more important matter than some appreciate. This is what has been accomplished, according to the figures furnished The Press by those interested in the movement:

The definite promise of the colored clinic and equipment.

A reasonable certainty of a location for the white clinic and equipment.

The doctors have pledged their services for both clinics.

What is needed for the clinic are two nurses, a white and a colored, to do the "follow-up" and educational work with the patients and their families.

We are advised that during 1917-18 there have been 155 deaths from tuberculosis in Savannah. Of this number 23 were white and 132 colored. These economic reasons are given for more adequate care by the city of these cases:

If there are 155 deaths—we are safe in multiplying the cases by 10—making 1,550 cases of tuberculosis now.

It has been argued that every able-bodied citizen is worth at least $1 per day to the city, or $365 per year.

Therefore, if there are 1,550 cases of disabled citizens, we have a loss to the city of $565,750 per year.

With the actual deaths we have $56,575 loss per year.

Therefore, the query: Isn't it cheaper to start making some provisions for them—and in the long run preventing the disease by proper "follow-up" work?

Here is what Savannah does for its tuberculosis patients as compared to other cities:

Savannah—Through its Margaret Bottome Circle supports one nurse for work among the tuberculosis poor. The city appropriates $25 only per month for this. The circle has a clinic where tuberculosis patients may be treated, but children only. St. Joseph's Hospital is the only hospital which will accept tuberculosis persons, and it has very inadequate accommodations for them. Moreover, the patient must be an advanced case and confined to the bed. Chattanooga—City and county maintains an institution at about $12,000 per year. Accommodates 75 patients. The Tuberculosis Association built eight cottages and one administrative building—cost of $75,000—land donated. Columbia—City appropriates $600 per year to the clinic for tuberculosis poor—doctors give their services—city gives space for the clinic. County has appropriated $2,500 to the Richland county tuberculosis camp. Atlanta—City supports Battle Hill Sanitarium for advanced cases. Jacksonville—Employs four white—four colored nurses and a supervisor—at an expenditure of $8,400 per year. The county has a tuberculosis camp with a capacity for sixteen patients—also a city dispensary under the health department.

It would seem that Savannah is not keeping pace with other Southern cities in the fight on the great white plague. It is obvious that if possible we should do more.

A SHAMEFUL SIGHT.

J. G. Morrow writing in Dallas News of Sunday says among other things in an article headed "Six Shacks on one Fifty-Foot Lot:"

"Conditions in some of the districts of Dallas and other cities are deplorable. There are instances of as many as six disreputable looking shacks on one fifty-foot front lot. Some of these shacks front on an alley and face dry closets, only a few feet away. Back yards and alleys are frequently overspread with a conglomerated mass of unsightly filth and trash often generating obnoxious orders which must be endured by the local residents. Here the prolific typhoid fly finds fruitful habitat and vile contagion is liberated by the disintegration of fecal waste of human beings, to be disseminated through many channels of infection and become a direct menace to the entire community. Disease and immorality take their excessive toll not only from such originating districts, but from society as a whole, and society must pay for its tolerance in indirectly, of multiplied useless man power represented by degenerates, criminals and invalids, to say nothing of police, courts, hospitals, penitentiaries, etc."

He goes on: "Such environment would shatter ambition and patriotism in the stoutest breast."

(And yet with all the facts before them the Christian hearted God fearing wealthy landlords of this city, who preach that "cleanliness is next to Godliness," are in every case the owners of the "shacks" to which Mr. Morrow so eloquently refers. We have heard much criticism of the man who does not vote as he prays; the time is ripe to criticise the rich man who does not build as he prays. Mr. Morrow found out, doubtless, things, which he did not write. He could have found out, that the inmates in these miserable "shacks," in many cases are paid a wage by the rich yho own the "shacks," scarcely adequate to pay rental and that time after time these unfortunate inmates have complained to the rent collectors, (they oftimes never see the owner) for improvements, only to be told that they are getting their money's worth and if not satisfied they can name their moving day.

If the white preachers would say less of the holy city and give the regions of the damned cast out a rest and train their guns on the rich members of their congregations who are responsible for the conditions about which Mr. Morrow complains, there would be less crime and immorality to preach against and ambition and patriotism would not be at such a law ebb.)

NEGROES HERE WILL HAVE HEALTH DRIVE

JACKSON, MISS., NEWS
MAY 7, 1918

Dr. Magee Is Co-operating With Leaders of the Colored Race

The city health officer, Dr. Magee, has formed a liberal and aggressive health campaign with the colored citizens through the activities of J. W. Hair, president and founder of the Negro Co-operative, Agricultural, Health and Educational Congress, and Dr. R. L. Johnson, who stands at the head of the health department of the organization.

Dr. Magee made a great talk at the office of Dr. R. L. Johnson Friday, May 3, at 5:30 P. M. to a representative crowd of colored citizens. The text of his talk was the opening of a health office and the employment of a visiting nurse upon the co-operative basis. The office is to be in the charge of a colored nurse in the person of Ursula Wade, whose duty it shall be to dispense the health literature and to keep up the health campaigns from time to time, by the directions of the city health officer. Drs. R. L. Johnson and D. W. Turner are to supervise the health office.

This liberal policy of the health department is to be tried as an experiment, thus affording the colored citizens an opportunity to go over the top. A general health day will be observed in the city of Jackson, by all the colored churches, by proclamation from the city health officer.

The health office for the visiting nurse is to be found in the Roof Garden building. Short but interesting talks were made by M. S. Stuart, L. K. Atwood, Drs. D. K. Johnson, E. W. Barnes, and Revs B. C. Chatman and B. T. McEwing.

Dr. Magee left the matter in the hands of the president and founder of the co-operative congress, the visiting nurse and Drs. R. L. Johnson and D. W. Turner, to be pushed through to a successful conclusion.

KANSAS CITY MO STAR
SEPTEMBER 3, 1918

WAR PLAN PREVENTS DISEASE.

Examination of Negro Children Almost Completed in August.

The campaign to save Kansas City's war quota of 275 more babies than survived in 1917 has continued without cessation all summer. Each week it opens afresh in a different school district. The negro districts were almost completed in August. At the Wendell Phillips School 175 children were examined, at the Garrison 129, at the Booker T. Washington thirty-eight, at the Sumner thirty. Work at the Attucks, Lincoln and Bruce schools has not been finished.

Few of the children examined were registered at birth, although both Missouri and Kansas City have laws requiring it. Many children were in good condition, but some are pathetic examples of parental ignorance and lack of corrective treatment.

The work of examination is carried on by volunteer service of doctors and a band of married graduate nurses under the direction of Mrs. B. A. Poorman.

Work in the negro schools is under the direction of Mrs. T. G. McCampbell. Children will be examined from 3 to 5 o'clock Wednesday, Thursday and Friday this week at the Lincoln School and from 9 to 12 Saturday at the Wendell Phillips School.

Health—1918

Million Dollars Lost, Says State Health Board In State By Illness of School Children

Vital Statistics For November and December of Last Year

One million dollars is lost each year in Alabama because of communicable diseases among the school children of the State, according to figures obtained by the State board of health. Cooperation with local health officers and strict observance of the quarantine laws are urged as a means to prevent future losses.

Geneva Highest Birth Rate

For the months of November and December last year death rate among the negroes of the State was higher and the birth rate lower than that of the white according to the tabulated figures by counties, issued Thursday by the State board of health. InNovember Geneva county had the highest birth rate, with a per centage of 27 per cent while Madison and Blount were tied for the lowest birth rate with a per centage of 9, Blount county, however had the lowest death rate with a per centage of 1.8 while Jefferson county had the highest, 17.8.

In December Franklin county had the highest birth rate with 27 per cent, while Clarke county had the lowest, 5 per cent.

Madison county had the highest death rate with 18.2 per cent and Clarke county had the lowest death rate, 2.5 per cent.

Should Have Health Officer

Every county should employ a full time health officer, the State board of health says and in pointing out the money and lives lost in Alabama and measured that can be taken to eliminate this waste says:

"The slogan of the coming State campaign will be "Conservation". Every candidate will tell the dear people how, if elected he will save the State's money.

"The State Board of Health is a candidate for popular favor. All must know that the Board is "on the job" all the time to save something of infinitely more value than dollars. Every thinking man knows that the above is true, but it is not inappropriate to show that money can be saved through public health agencies.

"The Report of the Department of Education for the year 1916 discloses some remarkable facts which the publis should know. The school census showed more than 780,000 children of school age in the State. The school enrollment amounted to 503,000, but the average attendance was only 315,000. This means that 465,000 children, or 60 per cent of those within the school age did not attend school that year. The reasons for non-attendance were as follows:

Sickness Big Cause

"The parents of some were indifferent. Many of school age were forced to work. Many more were deprived of the privileges of school attendance because of Sickness. Of the latter class, at least 78,000 were affected with typhoid fever, malaria, measles, scarlet fever, whooping cough, diphtheria, dysentery, or other prevenable diseases.

"The amount spent upon the schools of the State was $4,600,000. At the very least estimate 10 per cent of this money or $460,000 was spent for those children who could not attend school because they were suffering from the diseases mentioned above. The families of these children spent, in addition, an equal amount for their care.

"The State Board of Health points out that much of this loss might have been avoided. Our laws are adequate to give relief if properly enforced.

"Parents, teachers and physicians should report imediately to the local health officer the name and address of every person, who may be affected with any of the diseases named above, and should co-operate to make quarantine efective. It is better for a few children to be temporarily isolated than that the public should suffer from epidemics.

"Health officers should see that persons so affected are quarantined until recovery takes place.

"Every county should employ a full-time health officer thereby insuring adequate school inspection. The enforcement of the measures set forth above will largely prevent this needless waste of money, time, health and life."

Vital statistics for the two months for each county follow:

November, 1917.

Deaths	2,044
Rate	10.4
Whites	1,001
Rate	8.1
Colored	1.043
Rate	12.9
Births	3,242
Rate	16.6
White	2,193
Rate	19.0
Colored	1,049
Rate	13.0

Counties.	Deaths.	Rate.	Births.	Rate.
Autauga	17	9.5	18	10.0
Baldwin	7	3.9	34	18.8
Barbour	19	4.7	35	13.6
Bibb	26	12.1	26	12.1
Blount	3	1.8	15	9.0
Bullock	32	13.2	40	16.5
Butler	32	12.3	56	21.5
Calhoun	51	8.9	66	11.3
Chambers	40	12.6	34	10.6
Cherokee	7	4.3	23	14.1
Chilton	12	5.2	32	13.8
Choctaw	9	5.8	22	14.1
Clarke	12	4.3	25	9.1
Clay	4	2.1	33	16.7
Cleburne	4	3.5	20	17.8
Coffee	14	5.6	34	13.7
Colbert	20	9.1	37	16.7
Conecuh	12	5.9	40	19.9
Coosa	7	4.9	21	14.9
Covington	30	8.2	75	20.3
Crenshaw	11	5.1	47	21.9
Cullman	6	2.1	45	15.1
Dale	16	8.7	31	17.0
Dallas	67	15.2	78	17.8
DeKalb	20	7.6	76	25.0
Elmore	24	8.7	53	21.4
Escambia	12	6.0	30	15.0
Etowah	50	12.7	71	18.0
Fayette	16	10.9	32	21.8
Franklin	13	7.3	35	19.7
Geneva	25	9.7	70	27.0
Greene	29	16.1	32	17.7
Hale	23	9.2	35	14.0
Henry	9	4.6	32	16.4
Houston	33	10.9	61	20.1
Jackson	26	9.1	49	17.1
Jefferson	425	17.8	412	17.1
Lamar	11	7.1	25	16.5
Lauderdale	32	11.3	28	10.1
Lawrence	14	7.2	47	24.0
Lee	21	7.5	32	11.4
Limestone	31	12.4	53	21.2
Lowndes	23	9.4	43	17.7
Macon	21	9.0	22	9.4
Madison	60	14.6	38	9.0
Marengo	34	10.0	32	9.4
Marion	3	1.8	29	17.7
Marshall	22	6.2	35	13.0
Mobile	134	17.2	124	15.9
Monroe	14	5.6	44	17.8
Montgomery	80	10.0	75	10.7
Morgan	35	11.3	72	23.1
Perry	18	7.0	35	13.6
Pickens	20	9.2	31	14.3
Pike	33	12.4	67	25.1
Randolph	10	4.5	44	19.8
Russell	12	5.7	28	13.4
St. Clair	13	7.2	35	19.5
Shelby	12	4.9	34	14.0
Sumter	23	10.7	30	12.0
Talladega	36	11.0	50	15.2
Tallapoosa	23	8.6	46	17.2
Tuscaloosa	66	15.0	85	19.4
Walker	27	7.1	69	18.0
Washington	10	7.2	26	18.7
Wilcox	32	11.8	29	10.7
Winston	12	9.6	27	21.5

Reportable Diseases.

Disease.	Cases.	Deaths.
Typhoid fever	237	76
Malaria	111	41
Smallpox	44	0
Measles	407	10
Scarlet fever	139	1
Cer. Epi. Meningitis	6	1
Diphtheria	107	27
Pellagra	85	81
Pulmonary Tuberculosis	173	168
Infantile paralysis	3	3

December, 1917.

Deaths	2,242
Rate	11.4
White	1,196
Rate	10.3
Colored	1.046
Rate	13.0
Births	3,287.
Rate	16.7
White	2,166
Rate	18,7
Colored	1,121
Rate	14.1

Counties.	Deaths.	Rate.	Births.	Rate
Autauga	23	12.8	40	23.4
Baldwin	14	7.8	30	16.5
Barbour	18	7.0	37	14.3
Bibb	21	9.4	55	25.6
Blount	11	6.7	20	12.0
Bullock	26	10.8	41	17.0
Butler	28	10.7	54	18.9
Calhoun	61	9.2	62	17.7
Chambers	33	10.3	36	11.2
Cherokee	13	7.9	27	16.5
Chilton	21	9.1	44	19.0
Choctaw	7	4.1	25	15.4
Clarke	7	2.5	14	5.0
Clay—				
Cleburne	6	5.3	18	16.0
Coffee	11	4.4	57	23.0
Colbert	39	17.7	25	11.3
Conecuh	20	10.0	47	23.4
Coosa	6	4.2	35	24,8
Covington	26	7.2	51	14.0
Crenshaw	19	8.9	46	21.5
Cullman	29	9.7	44	14.8
Dale	20	10.9	20	10.9
Dallas	72	16.5	85	19.5
DeKalb	27	10.3	52	19.8
Elmore	23	9.3	46	18.6
Escambia	12	6.0	20	10.0
Etowah	54	13.7	69	17.5
Fayette	8	5.4	20	13.6
Franklin	17	9.6	48	27.0
Geneva	25	9.6	57	22.0
Greene	19	10.5	21	11.9
Hale	26	10.4	33	13.6
Henry	20	10.2	44	22.5
Houston	33	10.9	48	15.9
Jackson	32	11.2	31	10.8
Jefferson	468	19.6	472	19.7
Lamar	6	3.9	27	18.2
Lauderdale	17	6.0	47	16.5
Lawrence	26	13.4	36	18.6
Lee	25	8.9	24	8.6
Limestone	31	12.4	51	20.2
Lowndes	31	13.1	48	19.7
Macon	21	9.0	21	9.0
Madison	75	18.2	55	13.4
Marengo	38	11.1	55	12.6
Marion	6	3.7	38	23.3
Marshall	19	7.2	29	10.7
Mobile	125	16.0	105	13.5
Monroe	16	6.5	54	21.9
Montgomery	100	10.6	90	12.1
Morgan	30	9.9	58	18.7
Perry	22	8.8	65	25.2
Pickens	27	12.4	19	8.8
Pike	38	14.2	61	23.0
Randolph	22	9.8	38	17.0
Russell	11	5.2	35	16.7
St. Clair	11	6.3	33	16.7
Shelby	16	6.5	48	19.6
Sumter	23	10.7	34	15.7
Talladega	28	8.5	55	16.8
Tallapoosa	37	14.0	40	15.0
Tuscaloosa	52	12.1	77	17.6
Walker	49	12.8	96	25.0
Washington	10	7.1	19	13.6
Wilcox	18	6.6	41	15.1
Winston	11	8.4	28	22.2

Reportable Diseases.

Disease.	Cases.	Deaths.
Typhoid fever	101	42
Malaria	54	16
Smallpox	169	1
Measles	Epidemic.	17
Scarlet fever	120	0
Cer. Spi. Meningitis	16	4
Diphtheria	61	22
Pellagra	76	72
Pulmonary tuberculosis	209	194
Infantile paralysis	1	0

Mary Cassatt, a well known American artist, has invented surgical appliances for patients suffering from fractures which have contributed to the comforts and recovery of the wounded in France

PUBLIC HEALTH IN STATE AND NATION

By Gertrude Seymour

STATE health officers from the United States and territorial officers from Canada have just held their sixteenth annual conference with the United States Public Health Service in Washington. Discussions centered especially upon health matters as they were affected by the war, and the scope of subjects included under this heading afforded additional proof that there were few phases of public health in this country not affected by the military activities.

Sanitation of extra-cantonment areas, both in towns and rural districts stimulated by the presence of military posts, is becoming more definitely a part of community life thanks to the patience of administering officials and the never-ending process of education and demonstration among the people of these areas.

Attention was called by Dr. A. W. Freeman, state health officer of Ohio, to the increasing prevalence of trachoma and its bearing on the health of military forces. This disease and hookworm were the subject of notes of special warning. Less easy of detection, their progress northward was in the last few years perceptible and a number of cases have been found among drafted troops. A system of federal supervision of civil industries was discussed as an immediately desirable intention of industrial hygiene. It is believed that in the near future a satisfactory system of cooperation between the local plants, especially those devoted to war industries, and the Public Health Service may be effected.

The effect on public health of the shortage of physicians already beginning to be felt in this country is still a matter of prophecy. But it was held increasingly desirable to call public attention to the value of clinics and dispensaries and urge that these be used freely in order that the health of the community should not suffer as practitioners were withdrawn for military service.

Perhaps in all the sessions the three most important discussions were those concerning the use of records of drafted men for public health purposes on pellagra and venereal diseases. To an important extent the military authorities are cooperating in many places with the civilian public health officers by sending word of the number of men dismissed from camp for tuberculosis or other communicable diseases. Such records may, it was believed, be kept entirely confidential and yet serve as the basis of important epidemiological activity.

Assistant Surgeon-General Goldberger reported on the experiment of the past year concerning pellagra in cotton mill villages of the South. These investigations showed beyond question that the incidence of pellagra was not dependable upon insanitary conditions. In places where the typhoid rate had been high, there was but little pellagra; where the pellagra rate had been high, there was very little typhoid. The experience of the Public Health Service thus far tends to disprove the claim of the transmissibility of pellagra through insanitary conditions; equally to prove the relationship of pellagra to dietary practices. Where families are unable to secure proper supply of animal proteid in their food, pellagra follows without question. There may be an adequate calory standard in the diet, but the absence of these particular protamines results in the disease. As animal food is increasingly expensive and difficult to obtain, the economic problem makes even more acute the question of maintaining the health of certain communities and one of the most important researches under way is that to discover inexpensive substitutes for animal proteids.

Interest in the problem of venereal diseases and the activities already begun toward their control was very marked. In the discussion a spade was called a spade and the approach to the problem was acknowledged to be medical first of all. Facilities for treatment must be furnished for those already willing to attend, but the responsibility must not be left upon the patient alone. The responsibility is the community's and no infected person must be allowed to continue in the community as a menace to the general health. Hence the importance of requiring physicians to report cases of syphilis and gonorrhea. This measure en-

ables the community to face its problem, provides records indicating the actual prevalence of the disease, and insures the detection of carriers—a measure as important and even more important in the case of venereal diseases than in typhoid or meningitis. But the medical treatment and law enforcement are not the only phases of the problem which were recognized by the conference and reports upon which were made available to the conference. If the prostitute is not to be allowed to earn her living by prostitution, she must be given something else to do when her term of treatment is at an end and she passes out of the role of "disease carrier." The sentiment was strongly against any ruling that should give a prostitute anything resembling a certificate of health which she could use on being set free in the community again. The relation of prostitution to feeblemindedness is ever increasingly clear and the service of psychiatrists at courts and detention hospitals was recognized as desirable in order that the feebleminded prostitute should be permanently segregated.

Further, information to the general public as well as the infected individuals themselves regarding the nature of syphilis and gonorrhea and the manner of transmission of these diseases was recognized as a matter of immediate importance. In the war crisis legislative action was necessary, but the permanent control of these diseases and the repression of prostitution that is becoming a national ideal must depend upon an intelligent public opinion.

During the conference of health officers which followed that with the Public Health Service, addresses on the venereal disease campaign were given by Major Snow and Major Sawyer, of the surgeon-general's office, and Assistant Surgeon-General McLaughlin, of the Public Health Service. Major Snow outlined the general plan of the campaign developed by the War Department and Major Sawyer gave some results of recent study of venereal disease statistics. Among these statistics were the following: Eight states now report the cases by name: twenty-four by number, twenty-one quarantine known cases of infection until treatment renders them uninfectious, eleven have bureaus or divisions for special attention to venereal diseases, thirteen are now reporting the cases by number only, but report them by name if the individual disregards his warning and behaves as a menace to the community.

Recently military figures have been so arranged as to indicate the number of cases which were of civilian origin before the soldiers reached camp at all and those which were incurred subsequent to enlistment during leave of absence. The result of this study showed during one period that twelve cases of infection had been incurred subsequent to enlistment during a leave of absence; two hundred ninety-two were of long standing and had been incurred while the men were still in civilian life. In another period the figures were thirty-two out of five hundred eighty. The extent of the civilian problem can hardly be more dramatically presented. Another fact which has been recently discovered by the military authorities is that relatively few men are infected on their way to camp. The men are taking their enlistment seriously. They leave home soberly and face their work in an earnest mood with little sympathy for hilarious midnight sprees and farewell performances.

The position of the Public Health Service in this work as outlined by Assistant Surgeon-General McLaughlin may thus be summarized: The service now operates twenty-four clinics for venereal diseases in extra-cantonment zones. In eight of these arrangements either have been made or are now being made whereby persons infected must be kept under definite control whenever necessary. This work could be rapidly extended were funds available. It is the part of the service so to organize work in the various states that prostitutes shall not be driven from one place to another, but that each state shall face its own responsibility, and that every precaution shall be taken that no prostitute be given a clean bill of health. In some of the extra-cantonment zones letters are being sent to all prostitutes who have been living in red light districts recently closed, warning them that they must find other means of livelihood: another letter is being sent to drafted men who were found at the first examination to be infected with syphilis or gonorrhea, requiring their attendance at the authorized clinic nearest to their home. Finally, men who on account of venereal diseases are a menace to the public health are to be treated exactly as women are treated and prostitution, either open or clandestine, must be fought to a finish.

The service is now arranging to appoint officers who shall cooperate with the state boards of health in various states in taking charge of the venereal disease work. Salaries are to be paid jointly by the state and federal governments. Appointees wear the uniform of the Public Health Service. Arrangements for such detail of officers had been completed in sixteen states at the time of the conference.

OVER-CROWDING AND THE DEATH RATE

The Savannah Journal

Poor housing is the chief ally of death. No better proof need be offered than the comparitive study of Negro deaths from tuberculosis in Savannah, during 1917. 2-16-18

In Yamacraw where houses are poorest, where sanitation is at its worst and where overcrowding is most aggravated, we have the preponderance of deaths. As in the case of tuberculosis, so also it is for other diseases, that the overcrowded sections are the worst sufferers.

To put the situation roughly but emphatically, Yamacraw and Frogtown, which together embrace little more than one fourth the Negro population furnishes nearly two-fifths of the total deaths; or it might be stated that these sections embrace 25 per cent of the population and yet furnish nearly 40 per cent. of the deaths.

The main need is a housing law, preventing over-crowding and compelling proper ventilation and sanitation. Many progressive cities have this. To do this for Yamacraw would bring a great howl from the property holders there. What is Negro human life, that the profits from filthy and dilapidated tenements should be cut down to save it? The allowing of this grave situation to remain is but another evidence of the American standard or morality and justice as it applies to Negroes.

The only hope is that Negroes will learn and learn and learn, that they may be able to uplift and protect themselves, where the laws and governments of the land so often fail them.

It is planned to conduct a free tuberculosis clinic in Yamacraw, with a follow-up nurse. Necessary as it is and serious as is the health problem there, to the shame of our city, it is already feared that the city will "find itself unable to grant the request" and will report unfavorably on it.

The appalling conditions in Yamacraw as indicated by last year's report (and last year showed an improvement over the preceding years) follows:

Negro deaths from city at large....132
Negro deaths (excluding hospitals).....100 100 per cent
Negro deaths Yamacraw...24 per cent
Negro deaths Frogtown....14 per cent
Negro deaths other sections 62 per cent

The 32 dying at hospitals (Ga. Infirmary 26 and Charity 6) if prorated among the several sections on the basis of population would distribute themselves as follows: Yamacraw 6; Frogtown 3; other sections 23. Prorated upon the basis of the above death rate the 32 would be as follows: Yamacraw 8; Frogtown 4, other sections 20. This latter apportionment would be the fairer.

Negro deaths, Yamacraw..24.2 per cent
Negro deaths Frogtown..13.7 per cent
Other sections.....62.1 per cent
Estimate Negro population.....47,000
Negro population Yamacraw.....7,000
Negro population Frogtown.....4,000
Negro population other sections 30,000
Combined Yamacraw and Frogtown 11,000

Yamacraw, with 17 per cent of the poulation, furnished 24.2 percent of the total deaths.

Frogtown, with 9:8 percent of the population, furnished 13.7 per cent of the deaths.

Yamacraw and Frogtown, with 26.8 percent of the population, furnished 37.9 per cent of the deaths.

It is also observed that the 7,000 residents of Yamacraw live in 1,300 houses and apartments, an average of from 5 to 6 persons to the house.

Population estimated. Deaths taken from health records.

VITAL STATISTICS FOR STATE SHOW HEAVY GAIN OF WHITE BIRTHS

Triples Death Rate; Negro Births 1 Per Cent Over Death Rate; White Plague Claims Victims

While the white births during the month of May was almost triple the deaths, the birth rate for the negro population of the state was just one per cent more than the death rate. Vital statistics for the month of May have just been gathered and published by the State Board of Health. In Montgomery county, the death rate for white and black was almost double that of the births, being 104 deaths or a rate of 14 per cent while there were 58 births, or a per cent of 7.8.

In Jefferson county the deaths for the month of May numbered 453, or a per cent of 18.4 while the births numbered 493, or a percentage of 20 per cent.

The white plague was again the leading cause of deaths in the state, causing a total of 234 deaths and 268 cases reported. Cerebro spinal meningitis caused 10 deaths, while 20 cases were reported. Pellagra caused 78 deaths with 114 cases reported. Typhoid fever also began to wreck many homes with 31 deaths and 100 cases reported. Measles, some times judged a minor disease caused 37 deaths with 149 cases reported. Scarlet fever, on the other hand resulted in no deaths although 17 cases were reported during the month. Malaria caused 18 deaths with 105 cases reported.

The report shows that there was a total of 2,275 deaths in the state, a per cent of 11.4 per cent and 3,949 births, a per cent of 19.9. This includes white and black.

There were 1,110 white deaths, a per cent of 9.5 per cent and 2,694 births, a per cent of 22.9. For the negroes there were 1,165 deaths, a per cent of 14.4, and 1,246 births, a per cent of 15.4.

CINCINNATI ENQUIRER STAR
APRIL 26, 1918

NURSE FOR NEGROES

Beginning early in May, a nurse is to be employed by the Anti-Tuberculosis league, to spend all her time among the colored population of Cincinnati, in order to teach disease prevention and to persuade more patients to take advantage of facilities offered by the dispensary, 209 West Twelfth street. There is one other factor, according to Superintendent Nelson, of the league, which has reached the point where it must henceforth be taken more into account, if the negro tuberculosis death rate and the total death rate from tuberculosis are to be reduced. This is the housing conditions among negroes, which, he says, should receive vigorous attention.

MEMPHIS TRI-WEEKLY APPEAL
JANUARY 13, 1918

In New York City an experiment has been carried on in preventing rickets for a year or more. Drs. Hess and Unger are of the opinion that more than 90 per cent of the negro babies in New York City have rickets. For this reason they selected a part of the city known as the Columbus Hill district in which to conduct an experiment in the preventability of rickets.

The negro mortality in New York City is 25.9, as against 15.3 for the white. The negro infant mortality rate for two years wae 194 and 202, as against 94 and 9½ for white. The negro infant mortality in the Columbus Hill district was 314. Whooping cough, pneumonia and tuberculosis—all diseases to which rickets conduces—are very prevalent in this district.

The experiment consisted in giving cod liver oil to babies between four and 12 months old in order to prevent them from developing rickets. The babies chosen had no symptoms of rickets, but, so far as was possible, they belonged to families in which there were known cases of the disease.

Each baby was given a thorough physical examination at the beginning of the experiment, and once in each two months thereafter. The rickets rate among the babies taking the oil was only 20 per cent as high as among negro babies similarly situated who did not get the oil. These latter babies were well when the experiment began. With it ended some of them had rickets, but the number was only one-fifth what it would have been had no oil been given. At least that was the conclusion at which Drs. Hess and Unger arrived.

Babies under six months of age were given one-half teaspoonful of oil three times a day. Older children took twice that dose. The medicine should be kept up for at least six months. Fall, winter and spring seem to be the best seasons for rickets. Drs. Hess and Unger hesitated about using it during the hot months. There is a possibility that the oil may be too heating for the hot weather. The total amount of oil given to each baby was somewhere between 16 and 20 ounces. Four months' treatment did not seem to be long enough. At first the oil was delivered at the homes. After a short while it was given out at the dispensary at a regular hour set for the purpose.

One indirect effect of the treatment was that the entire neighborhood started gossiping about rickets. Mothers learned the early symptoms of rickets from the neighborhood gossip. Presently the oil hour at the dispensary had grown into a rickets clinic. Babies with the disease in the earliest and most curable stages were brought to the clinic. Bad customs and habits were changed, babies generally were given more butter, fresh air was let into rooms, surroundings were cleaned up—the indirect effects on the neighborhoods were worth while.

SPTEMBER 15 IS PUBLIC HEALTH DAY FOR NEGROES

Constitution

Sunday, September 15, has been designated as "Public Health Day," when pastors of negro churches are asked to preach special sermons explaining to their congregations the importance of correct birth and death registration of the race in a special effort to bring Mississippi's vital statistics to the highest standard of efficiency. 9-15-18

Dr. R. W. Hall, chief statistician of the State Board of Health, today sent out letters to more than 300 negro pastors asking them to observe this Sunday with a special program in the interest of correct vital statistics.

J. W. Hair, negro educator, and special representative of the State Board of Health, has also issued a letter to the negro ministers urging that they stress sanitation, child welfare, and correct birth and death records on Public Health Day.

DIVISION OF BEHAVIORAL SCIENCE RESEARCH REEL 7

Health - 1918

MAKE STARTLING REVELATIONS OF EXCEEDINGLY HIGH DEATH RATE AMONG NEGROES OF THIS CITY.

The Dallas Express. May 4, 1918.

UNHYGENIC AND UNSANITARY CONDITIONS BLAMED—PROPER CO-OPERATION FROM CITY AND CAREFUL EDUCATION THE REMEDIES.

PETITION MAYOR TO APPOINT COLORED TRAINED NURSE.

PRAY THE GRANTING OF THIS PETITION AS A HEALTH MEASURE OF BENEFIT TO THE ENTIRE CITY.

To the Honorable Mayor and Board of Commissioners of Dallas, Texas.

Gentlemen:

We, the undersigned citizens and taxpayers of the City of Dallas, composing the Negro Welfare Board of said City, do hereby petition your Honorable Board to appoint a colored trained nurse to do district work for our people, working under the direction of the City Health Department.

We are aware of the fact that white nurses now employed by the City, doing district work, to a limited extent look after such members of our race as need their attention when called upon; but we are quite sure that in the nature of things, a colored nurse, devoting all of her time to work, would be more effective and the City would derive more benefit therefrom as far as our race is concerned than at present.

A study of the report of the Registrar of Vital Statistics of the City of Dallas for the year ending December 31st, 1917, shows that our race stands much in need of a well trained Negro visiting nurse. Our death rate, according to this report, is all out of proportion to the death rate of white people and reveals to us alarming conditions. The report shows that four hundred and twenty-five Negroes died in the City during the year, at the same time there were reported only two hundred and sixty-eight Negro births. This is one hundred and fifty-seven more deaths than births. Our death rate based upon a Negro population of 25,000 is 17 per 1000, while the birth rate is 10.72 per 1000. The total white deaths for the same period was eleven hundred and ninety-five and births two thousand and ninety-one; based upon a white population of 110,000 this is a white death rate of 10.86 per 1000 and a birth rate of 19 plus per 1000. This is a difference of 6.14 per 1000 in favor of the whites in the death rate, and a difference of 8.28 per 1000 in favor of the whites in the birth rate. In other words, six more Negroes died in Dallas in each 1000 than whites in the same number, and eight less Negroes are born in each 1000 than whites in the same number.

We attribute the high death rate among our people to the unhygienic and unsanitary conditions under which many of them are almost forced by circumstances to live and work; to living and sleepingg in poorly ventilated and overcrowded rooms, insufficient food and clothing, intemperance, bad midwifery, and, we regret to say, to a low standard of morals due in the larger measure to ignorance and environments.

We do not believe that the figures given above represent the true number of Negro births in Dallas during the year 1917. A large number of Negro children come into this world in our City at whose birth there is no qualified physician or midwife in attendance. These births are never reported to the Health Department. All deaths must be reported before a burial permit can be obtained, and hence the great disparity on the wrong side of the ledger between our death and our birth rate.

In our opinion the remedy for the lamentable conditions herein shown among our people is in education of the proper kind. While our churches and schools are doing a tremendous amount of work along this line, we believe that a competent visiting nurse, going into the nomes and sick rooms of the poor, showing them how to properly care for the ill, how to keep their homes inside and outside clean, sanitary and hygienic, will greatly lessen our death rate and do the City an immeasurable amount of good. A Negro visiting nurse will be of assistance to the Registrar of Vital Statistics in getting reports of births from poor members of our race.

Several years ago the City of Houston, Texas, was persuaded to employ one visiting Negro nurse, and so impressed were the authorities with the amount of good accomplished for the entire City that now, so we are reliably informed, three nurses are constantly engaged in this work, and paid by the City.

In order to show the great amoun of good and effective work that can be accomplished along the lines we petition you, as well as to show that other cities are engaged in this kind of work, permit us to give you the following item from the Journal of The American Medical Association of January 19th, 1918:

INFANT MORTALITY AMONG NEGROES.

"The high infant mortality in the Columbus Hill District, New York City, largely populated by Negroes, has long been a subject of concern to the health department, and in the summer of 1916 extensive efforts were made to see if this high death rate among infants could be reduced. The department of health now publishes comparative statistics of the death rate in 1915 before special efforts were directed to this district and for 1916, when an active campaign for the betterment of conditions surrounding infancy was being carried on. The statistics now show that in 1915 the death rate from congenial causes was 125.52 per thousand births; in 1916, 43.95. In 1915 the death rate from respiratory causes was 79.5 per thousand births; in 1916, 47.62. From diarrheal diseases, in 1915 it was 71.12; in 1916, 47.62. From infectious diseases, in 1915 it was 37.06; in 1916, 168.5. In 1916 the infant mortality rate for the Negroes was 193.3; the infant mortality rate for the City as a whole was 93.1, and for the white population 90.7. For the first nine months of 1917 these figures have been decreased, the rates being 175.6 for Negro infants, 91.5 for all infants, and 89.71 for white infants."

A large part of this work was done by the corps of colored district nurses employed by the City, working under the direction of the Health Department.

The services of a nurse long experienced in this kind of work, and now employed in a nearby city, can be obtained for Sixty ($60.00- Dollars per month. So deeply are we impressed with the need of our race in this City for a visiting nurse working exclusively among our people, that if your Honorable Board cannot for any reason appropriate the amount indicated for this purpose, we are willing to raise funds among ourselves and thereby supplement any sum you may feel disposed to appropriate.

We pray the granting of this petition as a health measure that will benefit the entire City.

DR. HUDSON TALKS BEFORE NEGROES ON SANITATION

CHARLOTTE N C OBSERVER

MAY 11, 1918

Dr. C. C. Hudson, city health officer, and Lieutenant Yergensen, of the public health service, spoke at the meeting of the negro chamber of commerce on subjects in regard to health and sanitary conditions. These addresses were spoken of by members of the organization as being "highly beneficial and appreciated." It is expected that other meetings will be arranged that the negroes generally may become better informed through hearing addresses on health and conditions. The negro physicians and ministers will be asked to co-operate with the commercial organization in its campaign of education.

DALLAS TEX TIMES-HERALD

MARCH 18, 1918

THE TUBERCULAR CLINIC.

ETERNAL VIGILANCE is no less the price of health than of liberty. Neglect of the teeth, for example, leads not merely to pain, but often to serious disease. The hacking cough is frequently a warning from the graveyard. The body is a sensitive organism and if you fail to heed its warning when it begins to hit on only three cylinders you may expect your family to have the pleasure of reading, before long, the favorable obituary which is the result of the customary charitable practice of speaking no evil of the dead.

Sometimes, however, the imperfect functioning of the body's mechanism is not due to willful neglect but to financial inability to secure treatment. It is also frequently due to the fact that the body's master is disposed to think his ailment a trifling thing not worth special attention.

It so happens that these two facts are often true in tuberculosis cases. Some tubercular victims haven't the money to pay for proper diagnosis of their ailment. We suppose that most people know of at least one case, also, where the tubercular victim is convinced that he has nothing more serious than a persistent cough that will pass away.

Both of these tubercular types will find the proposed free tubercular clinic to be established at the city hall of great value to them. They can go to this clinic and there have their disease properly diagnosed and can begin, in time, treatment that will likely effect a cure.

For this reason and for the further reason that the tubercular consumptive is a menace, not only to himself, but to others, we believe that much good will be done by this clinic. The statement is made by the Dallas County Association for the Study and Prevention of Tuberculosis, which society is establishing the clinic, that there are 1,500 tubercular victims in this county who are mingling freely with other people and are, therefore, a very grave menace to the health of thousands. It is the purpose of the society to insist that the family of the tubercular diseased be also examined and we suppose that a plan for isolation will be presented to the one examined and the reasons why he should guard against the spread of his disease sympathetically explained to him.

The city purposes, we have been told, to erect, jointly with the county, a hospital for negro tuberculars. Such a hospital should be built for the protection, not only of the negroes, but of those who are exposed to the danger of catching the dread disease from them. For the same reason, the free tubercular clinic should be created. Great good should result from its institution.

CHICAGO ILL TRIBUNE

DECEMBER 2, 1918

NEGROES WHO SPURN HELPING HAND.

IN the latter part of September I wrote an article for this column under the head of "Negro Voodooism." It spoke of the high proportion of physical defects found among Negroes examined for the army. No reference was made to venereal diseases or any other specific type of disease, although another article appearing within a month of this one did speak of the great prevalence of venereal disease among Negroes. The condition was pronounced a grave one and Negro leaders were called upon to exert themselves to remedy the condition.

Ignorance of hygiene, sanitation, and right living was stated to be a fruitful cause of the low standards of hygiene and sanitation, and some samples of Negro superstitions and voodoo were taken from an article in a prominent medical journal.

I received four letters of protest, two from white people and two from Negroes, though two of the writers prophesied that I would get thousands of protests. Three of the four protests were too lengthy for this column, therefore I have analyzed the four.

One thought the draft examiner had been unfair. He thought the Negro's physical defects had been forced on him by whites and therefore he should not be held responsible for them. As to venereal disease, a visit to the Morals court and the Lawndale hospital would convince any one that the white race had more venereal disease than the colored. As to voodoo—the white man taught it to the colored man.

Another questioned the truth of the statements and then objected to having the defects of the Negroes exposed. A third said the Negro told these superstitions and voodoo stories to amuse the white people. A fourth questioned the accuracy of the statement, quoting some one as saying that out of each 100 white men examined for the draft seventy-five were rejected; out of each 100 colored men examined only sixty-four were rejected. The claim was made that the percentage of rejection of Negroes for tuberculosis and alcoholism was lower than for whites; 25.4 per cent of the whites examined were rejected for venereal disease, whereas only 23.2 per cent of the colored men were rejected for the same cause. As to voodoo, the whites believe in it just as the Negroes do.

As to the truth of the statements made by me: The "Report on the First Draft," by Gen. Crowder, is available to

Over

DIVISION OF BEHAVIORAL SCIENCE RESEARCH REEL 7

any one. The "Report of the Surgeon General of the Army," bringing the statistics up to August, 1918, and containing comment and criticism dated as late as September, will, probably be available within a month. It should not be difficult for the Negro leaders to get the facts. The figures quoted by the critics are, of course, incorrect. The percentage of rejections for no group was as high as 75. The rule is that venereal disease does not cause rejection.

As to medical superstitions and voo doo, of course a lot of white people believe in them. I say so from time to time; have said so scores of times. Only recently I had an article on Swedish medical superstitions—not a Swede got angry about it. One Negro man regretted the article because it would bring to the minds of many Negroes old beliefs from which they were being slowly weaned.

The purpose of the article was to call attention to a condition. There are lots of other conditions in the world, but not all of them could be covered in one article—therefore I referred to one only. Now, here is a condition that I think exists and investigation of the records of the surgeon general's office and conference with the authorities will prove it exists. It is beside the question as to whether the conditions were forced on the Negro or not.

A part of the remedy in my opinion is education in hygiene, sanitation, and right living. The question is, What will the Negro do about it? and, specifically, What will his leaders do about it? One policy is to get angry and do nothing. Where that will get his people I do not see. The other is to go to the records, get the facts, and go to work to correct the situation. I glance at bad conditions in some group nearly every day. Those that get busy correcting conditions get somewhere. Those that get angry and spend their energy calling names do not.

PERSIST IN EXERCISE.

H. A. L. writes: "Our boy, 10 years old, had an attack of infantile paralysis last August that greatly affected the right side of his body. He has nearly recovered the normal use of his legs, but his right hand is still affected and his right shoulder droops. Can anything be done to assist nature in restoring the use of the hand? Is there a likelihood of curvature of the spine? His general health is good. Would you advise sending him to school? Are there any books that deal with forms of exercise for victims of infantile paralysis?"

REPLY.

Exercises, passive motion, and use should be persisted in. If the arm and shoulder are not used the back is likely to curve somewhat. By all means, send him to school and encourage him to get into games. Have your bookseller get for you Lovett's small book of "Treatment (Mechanical) of Infantile Paralysis."

TRAINING ONLY COURSE.

F. J. R. writes: "I wish you would tell me what I could do for my daughter, 20 months old, who only takes a nap for about one-half hour in the afternoon and wakes up two or three times a night and does not appear sleepy so is hard to get back to sleep. She is healthy and not nervous and does not eat a heavy supper but sometimes before going to bed wants a glass of milk and some at night."

REPLY.

There is nothing that you can do except to continue to train her as best you can in calmness and equanimity. Her evenings should be free from excitement.

FINDS HIGH MORTALITY AMONG NEGRO INFANTS

Physician Attributes It to Inadequate Housing and Insufficient Nourishment

PHILADELPHIA LEDGER
JULY 1, 1918

Inadequate housing, lack of prenatal care and insufficient nourishment are things Philadelphia is battling against in attempting to reduce the appalling death rate of its infants, according to the declaration of Dr. Harriet Hartley, of the Child Hygiene Department, Public Safety committee.

"There is a large negro population in Philadelphia," Doctor Hartley said. "Statistics show that many negro babies are dying; just how much the deaths among children of this race have affected the percentage which places Philadelphia almost in a class alone in infant mortality, I cannot say. Proportionally many more negroes than white children are dying.

"This is due to several things. It is a fact that four times as many negro mothers are in service as white mothers; that twice as many negro children are in industry than white children of the same age. The negro baby is thus cut off more frequently from the care of its mother and also from the care of older sister or brother than the white child. It is not as likely to be well nurtured nor are its surroundings as sanitary. The negro day nursery is also a rarity.

"The death rate, both for white and negroes is a baffling problem," Doctor Hartley thinks. It would not be so if the city had not exhausted its appropriation for this department; if more money were forthcoming.

"A dearth of visiting nurses makes it impossible to give the thorough care to the poorer families that would result in better living conditions.

"Only sixty visiting nurses are employed by the city now for its immense population. It is impossible to have more, for there is no money," she said.

"England's plan of the visiting health worker is being put into operation here through the volunteer services of semitrained social service workers. We have a few capable women helping in this way, but unfortunately they can give us only a part of their time, so the aid is limited. They go as assistants to the professional municipal nurses. Thirty women who volunteered to help in the baby welfare campaign this week will assist in the same way. I could use 200."

STATE HEALTH BOARD IS WORKING FOR ELLIS LAW

The State Board of Health is making an especial effort, through rural health campaign work, which it is now directing, to bring into operation this year in just as many counties as it can, the provisions of the Ellis health law, passed by the last Legislature.

Operating under the terms of that law and the provisions of the Rockefeller foundation rural sanitation agreement, two of the Georgia counties have already organized and have in effect a system which is beginning to show results—Troup and Tift.

The agreement with the Rockefeller foundation is to put under the local cooperation of county health commissioners, which are provided for by the Ellis act, the county bears one-half and the Rockefeller foundation one-half of the expense for country health and sanitation work.

Making Special Drive.

"At the present time the State board, co-operating with the County Commissions, is making a special drove on typhoid and other intestinal diseases, carrying along at the same time the general object of improvement of country sanitary conditions thrqugh the installation of modern appliances, particularly in the homes and schools. The commission, too, makes investigation of all forms of contagious diseases and their local causes.

The purpose of the work, in each county where it is started, is a house to house visit, arranged systematically so as to cover every home in the county.

In Tift the work is under the direction of Dr. R. D. Todd, who has the assistance of three inspectors. The amount expended there is $350 each month, on the 50-50 basis. In Troupe the work is directed by Dr. M. F. Hagood, aided by four inspectors, the expenditure being $300 per month.

The Hart County grand jury has endorsed an annual expenditure of $2,000 and in a short time work will begin in that county.

* * *

Evidence that "the boys over there" haven't given up an interest in public life at home was brought to Governor Dorsey today in a letter from Lieut. Dean Newman, writing from "U. S. Postoffice No. 718," in which the lieutenant asked that the Governor permit him to offer his very strongest endorsement of Hon. Dupont Guerry for reapopintment to the office of judge of the city court of Macon. He cites the fact that the present term expires Dec. 31 and that Judge Guerry will probably be an applicant for reappointment.

J. W. H.

BIRTH RATE OF WHITES GREATER THAN NEGROES

LARGER PERCENTAGE OF DEATHS AMONG AFRICANS.

GALVESTON TEXAS NEWS
MAY 25, 1918

Report of City Health Officer Shows 847 Children Were Born and 685 Persons Died in 1917.

The percentage of births among the whites of Galveston was larger than that of the negro population during 1917 according to estimates contained in the annual report of Dr. Henry P. Cooke, city health officer, which has been filed with City Secretary John D. Kelley. The percentage of deaths among whites, on the other hand, is smaller than among the negroes. Six hundred and ninety-eight white children, or 25.5 to 1,000 persons, were born, while 149 negroes, or 19.2 to 1,000 persons, were born. The total number of births among both races was 847.

The total number of deaths occurring in the city was 685. Four hundred and sixty-three of these were whites, or 19.5 to 1,000. Two hundred and twenty-one were negroes, or 30.2 to 1,000. The average number of deaths in that portion of the United States in which vital statistics were kept for the year 1916 was 13.5 to 1,000. The local death rate is higher than it would be if only residents were counted, because of the deaths of nonresidents at the local hospitals.

The population of the city was placed at 35,000 for the making of these calculations. The white population was set at 27,300, or 78 per cent, and the negro population at 7,700, or 22 per cent.

The six most fatal diseases during the year were Bright's disease, tuberculosis, organic heart disease, apoplexy, pneumonia and cancer, the report stated.

The following violent deaths occurred during the year: Suicides, 4; carbolic acid poisoning, 1; chloroform narcosis, 1; burns (accidental), 4; drowning, 5; gunshot wounds, 8; stab in neck, 1; automobile accidents, 1; fracture of vertebrae, 2; other accidents, 20; homicide, gunshot, 4; other homicides, 6, and surgical shock, 1.

THE NEGRO AND PUBLIC HEALTH.

HOUSTON TEX POST
MAY 26, 1918

The Post has frequently made occasion to remind the white people of Texas of the duty they owe the negro population and to point out the necessity for better sanitary conditions, better housing conditions, and better school conditions for the negroes if Texas is to keep them within her borders and profit from their labor.

The Dallas News in its news columns gives some statistics which show that the welfare of the negro is necessary to the welfare of the white people of this State. In Dallas the death rate among the negroes for 1917 was 17 per 1000 while the birth rate was only 10.72 per 1000.

The white death rate for the same period was 10.86 while the white birth rate was 19 per 1000.

The Dallas negro welfare board, asking for a negro trained nurse to devote all her time to her people, said: "We attribute the high death rate among our people to the unhygienic and insanitary conditions under which many of them are almost forced by circumstances to live and work; to living and sleeping in poorly ventilated and overcrowded rooms; insufficient food and clothing; intemperance; bad midwifery; and, we regret to say, to a low standard of morals due in the larger measure to ignorance and environment."

While it may be contended that the white race does not suffer from the conditions among the negroes enumerated above, it must be remembered that the inevitable results from them are tuberculosis, typhoid fever, and other diseases which are the scourges of Southern cities; and these diseases are communicated to the white people of every community by the negroes. Probably the death rate of 10.86 among the white people of Dallas could be materially lowered by improving the living conditions in negro homes. The same is true of every other Texas city not excluding Houston which has a much larger negro population than Dallas.

NEGROES FEAR SCALES

Colored Mothers Afraid To Have Their Babies Weighed, Misunderstanding Purpose.

CREDIT A FOOLISH RUMOR

BALTIMORE MD EVENING SUN
JUNE 12, 1918

Fear Children Will Be Taken From Them—Welfare Committee Announces Weighing Places.

Misunderstanding the purposes of baby weighing and measuring campaigns, colored mothers of the city are failing to co-operate with the nurses and volunteers who are working to get thorough statistics of all babies under 6 years of age in the city.

Reports that colored mothers are fearful that the weighing of their babies might lead to their being taken over by the State are broadcast. The fact stands that colored persons have done less to make the baby-weighing campaign a success than any other group of people in the State. They perhaps do not realize that their failure to co-operate is displaying a distinct lack of patriotism.

No baby will, of course, be weighed against its mother's will, and the child welfare committee of the Women's Section, Maryland Council of Defense, is anxious that it be known that no mother may fear for the jurisdiction over her child either before or after the weighing.

The University of Maryland Hospital is co-operating with the campaign by giving the use of its scales for one hour on Tuesday, Wednesday and Thursday of every week. The scales are located in the building at Lombard and Greene streets, and colored babies may be weighed there on any of the three mentioned days between 11 and 12 o'clock in the morning. If they prefer, the mothers may take their babies to the Babies' Milk Fund Association headquarters in McCoy Hall, any day in the week between 9 o'clock in the morning until 5 in the evening, except Saturday, when headquarters close at 1 o'clock.

Other available places for these mothers to help Uncle Sam by having their babies weighed are at 914 East Madison street, on Tuesday at 2 o'clock; 1212 East Baltimore street, 1220 McCulloh street, 2242 Pennsylvania avenue, on Wednesdays at 2 o'clock, and 2613 Greenmount avenue, 918 Russell street and 1509 Riggs avenue, on Thursdays at 2 o'clock.

An urgent appeal is being made to all colored mothers to be as interested in the welfare of their babies as white mothers have shown themselves to be and to bring their babies to be weighed. If the mothers wish to do the weighing themselves and send in the figures the card to be filled out can be secured at 200 West Saratoga street.

HEALTH DEPARTMENT TO INSPECT NEGROES' HOMES

MILWAUKEE WIS PRESS
JUNE 6, 1918

With the view of improving health and to aid the Americanization movement, the city health department is preparing for a survey of districts in which people of one race predominate.

One race will be taken at a time. The first will be the negro race, probably next week. Health inspectors will visit homes and fill out questionnaires, giving full details in regard to housing conditions, ages, occupations, income, etc.

The susceptibility of negroes to tuberculosis is one of the most important factors considered in making the survey among colored people.

Health—1918

ENFORCE ALL SANITARY LAWS NOW ON MUNICIPAL STATUTE BOOKS.

Additional legislation must be enacted and enforced regarding the construction and location of rent houses and homes for our people. The Houston Observer Feb. 9 1918

This city should pass a law and then rigidly enforce it regarding sanitary connections to all houses within the corporate limits. Ground privies should go, and that forthwith.

The streets, where no pavement exists, should be graded and kept in such shape that all water would run off the streets immediately. There should be no pools of water either in front of nor beneath our houses.

The jamming and packing of little 2x4 shacks, like sardines in a can, on small pieces of property should be stopped, and a certain distance prescribed for each house to be built from the other.

The laws governing the spitting on sidewalks, street cars and in other public places should be vigorously pushed, and the offenders punished.

The race toilers should be paid a decent salary for their labor in order that better houses and homes can be rented and built.

A competent and efficient Negro physician should be appointed and paid by the city to inspect all houses and homes occupied by the race in this city, with a view to correcting all evils due to ignorance of the laws of health and sanitation and poor and insanitary housing facilities.

These and other laws should be enacted, and those who violate same should be prosecuted.

Too many deaths are occurring from preventable diseases among our people in this city and throughout the South, and, while there is much for the race to do to better its health status, there is much more for the city and South to do towards safeguarding and protecting not only the health of the Negro race, but by so doing the white race will also be preserved.

The antiquated and antique doctrine that "any old thing is good enough for a nigger" has outlived its days of usefulness and must be relegated to the rear.

Procrastination is the thief of time and delays are dangerous. Let some progresive and humanitarian measures be inaugurated at once, and Houston, judging from its 1917 record, needs to start the ball to rolling.

SOME REMEDY MUST BE APPLIED.

The annual report of the city health officer showed that tuberculosis claimed 155 victims here during 1917, viz.: 36 race men and 47 race women; total 83; 37 white men and 35 white women; total 72; grand total 155. Houston Observer

The Observer deplores all these deaths due to the ravages of the "white plague" and other preventable diseases and some sane and sensible steps must be taken to more efficiently safeguard and protect the health of our citizens. 2-9-18

The casual reader, perhaps, will jump to the hasty conclusion that our race made a splendid showing when compared with the number of whites dying from the same disease. But such is not the case, as the percentage is reckoned on total population of each race.

In other words, 72 whites out of practically 100,000 died of tuberculosis, while 83 Negroes out of a population estimated at 40,000 succumbed to the same heartless monster.

On such a basis the percentage of the white race is .0007, while the race's percentage is .0020—practically three times greater than the white race.

Tuberculosis was originally a disease peculiarly adapted to the white race, hence its name, "white plague."

During the period of the race's involuntary servitude in this country, it was a rare thing for a Negro to die with tuberculosis.

Tuberculosis is primarily a city disease, and, having been residents on the farms for years, the race was not affected much with such diseases.

From an economic standpoint the white slave-owner saw to it that his slaves were properly sheltered, that plenty of fresh air and pure water were received by them, that proper and wholesome food was served them regularly, and that all laws of health and hygiene were strictly and rigidly observed. A healthy slave meant enlarged coffers for his owner.

After emancipation the race scattered throughout the country, but particularly to the cities of the South, where the allurements and attractions appealed to not a few of the freedmen.

They had to work for a living, and consequently thousands of them migrated to the cities.

During slavery an overseer was employed to see that the slaves obeyed and observed the laws of health, and all their physical surroundings, while humble and lowly, were pretty sanitary and hygienic.

When these hordes of freedmen began to increase the population of the towns and cities the speculators got busy with housing facilities to accommodate them.

The most insanitary sections of the various cities were employed for Negro quarters, and the most unhealthy and unsightly shacks were jammed side by side for the race on small plots of ground.

There were no sanitary connections; no paved sidewalks or streets; dumping grounds and other cesspools of filth and disease were located in Negro sections and vice versa; no drainage, despite the fact that most of these settlements were located in the lowest parts of the various communities, being cheap land, where disease, death, desolation and despair held and hold undisputed sway and dominion over the unfortunate inhabitants.

Being ignorant many of the members of the race after emancipation, attracted by the glare and glitter of urban life, failed to exercise the proper care of their bodies, and, coupled with these disease-producing habitations, surroundings and environments, fell prey to the "white plague" and other ills from which they had practically been immune prior to this period.

In the face of such conditions it is nothing to be marveled at when the race's death rate increased in such an alarming manner.

Notwithstanding these facts, The Observer is not an apostle of the doctrine that slavery was the best thing for the Negro, but it believes that if the Southern white man had been or is grateful for past services the race rendered this section and him gratuitously, he would have been and would be just as diligent and painstaking in providing for the race's health in the location and construction of his rent houses and the sites sold the race for homes as he was during slavery.

He could not afford a sickly and unhealthy people then, and he cannot afford it now.

Disease is no respecter of persons, as both races are daily dying with the same diseases and epidemics.

If the white South wants to become healthy and disease-proof, it must see that the black South is kept in a similar condition.

The same economic question is involved now as during slavery, only there are no slaves.

According to Prof. Monroe Work, Department of Records and Research at Tuskegee Institute, here are some of the appalling facts concerning the race in Dixie:

There are 450,000 Negroes seriously ill all the time in the South; 18 days a year lost for each race inhabitant; annual cost of sickness of these 450,000 Negroes is $75,000,000.00; 112,000 South-

BOARD OF HEALTH WORK IS INDORSED

DALLAS TEX NEWS
MARCH 6. 1918

COMMITTEE FILES REPORT ON INVESTIGATION OF REPORTS AS TO ITS MANAGEMENT.

The Health Department of Dallas at its meeting last night was indorsed by the hospital committee in its report of the recent investigation into the conditions of that department, declaring that it was efficient in every respect. It was the opinion of the committee that the complaints of mismanagement were unwarranted.

A petition of the Negro Welfare Board was submitted by Dr. R. N. Hamilton stressing the urgent need of a tubercular ward for the negroes. He emphasized the fact that by assisting the negroes in fighting tuberculosis it would benefit the entire community. According to the petition, there are three times as many cases of tuberculosis among the negroes as the white population, despite the fact that the latter outnumber them in point of population four to one.

Mayor Lawther assured Dr. Hamilton that he was favorably disposed toward the petition and would submit the suggestion of a negro ward and the enlargement of the white tubercular ward to the Commissioners. The members of the Board of Health also indorsed the recommendations.

The statement of the hospital committee follows in part:

"Parkland Hospital has been inspected frequently by this committee, one by the whole board, and on another occasion—last Thursday—by six members of the board. We do not hesitate to say that the attention given to patients in this institution is as painstaking and efficient as that given to the inmates of any hospital in Dallas or any other city.

"The Emergency Hospital is now caring for more people, its ambulance having answered 265 calls, an average of nine calls daily in January, and giving them better service than at any time since it was opened.

"Supplementing this statement concerning the hospitals and the service they are providing, we feel that we should add a few words of commendation of the efficiency of Messrs. Battle and Speer of the Dairy and Food Inspection Department and of the work being done by the Director of Sanitation, Charles Saville, who has been at liberty at all times to use his budget, which, for the current year was $18,932, as compared with $13,200 in 1916, and to conduct the work in his department as his judgment and his expert knowledge of sanitation directed, and who, on last Friday night assured the members of this board that his department had drained more malaria-breeding water holes, dug and cleaned more miles of drainage ditches, caused more dry closets to be screened, inspected more premises and attended to more complaints in 1917 than in any previous year.

"This committee is convinced that the Health Officer and the heads of the several subdivisions of the Health Department are now making diligent, conscientious and effectual efforts to maintain healthful conditions in this city and to safeguard the lives of its citizens."

ern Negro workers sick all the time; their annual loss in earnings is $45,000,000.00; 225,000 Negroes die annually in Dixie; 100,000 of these deaths can be prevented; annual funeral expenses from these deaths $15,000,000.00; $6,500,000.00 of this amount could be saved.

Going further Mr. Work shows that the annual loss to the South in potential earnings because of preventable deaths among Negroes is the stupendous amount of $170,000,000.00; 600,000 members of present population will die from tuberculosis; 150,000 of these can be saved; 45 per cent of annual deaths among Negroes preventable.

Sickness and death cost the race of the South $100,000,000.00 per annum: $50,000,000.00 of this amount could be saved; farming interests of Dixie lose annually from sickness and deaths among the race $200,000,000.00; annual economic loss to South from sickness and deaths of the race $300,000,000.00; $150,000,000.00 of this startling amount could be saved, which is a sufficient sum to provide good school houses and six months' schooling for every black and white child in the South.

The report winds up by saying, "It would pay the South to spend $100,000,000.00 annually to improve Negro health."

What is true of the South is proportionately true of Houston and some real action must be taken at once to remedy these alarming and destructive conditions.

Negro "Clean-Up" Campaign For Summer Months Opens

The Atlanta Constitution Mar. April 28, 1918

The representative negroes of Atlanta have organized for a clean-up campaign and will pursue a plan that will insure not only a cleaner city, but a healthier city.

The first step in this campaign is a house-to-house visitation by the colored women, who will visit every colored home in Atlanta. By this means every family will be organized for a definite cleaning program.

As usual, the Anti-Tuberculosis association will furnish free lime for distribution in all the fourteen zones. Following the cleaning up, a portable clinic will be conducted in each zone. The equipment will be furnished by the Anti-Tuberculosis association, but colored doctors and nurses will conduct these clinics. Patients will be referred to established clinics in the city for continued treatment according to the program of last year.

Colored ministers, doctors, nurses, teachers, Parent-Teacher association, Kindergarten associations, insurance companies, social workers and all organized bodies among the colored people are taking part in this campaign.

Insurance Companies Aid.

The following insurance companies are among those financing the movement: Standard Life, Atlanta Mutual, Fireside Mutual, Pilgrim Life and Health and Georgia Mutual.

The literature to be distributed consists of several thousand schedules of work, instructions for workers and health rules.

Last year the colored people of Atlanta won the national loving cup offered as a reward to the community doing the most thoroughly organized and far-reaching work.

The clean-up compaign is directly in line with the government plans for better sanitation and public health, and will be carried by those negroes in Atlanta who were organized last year under the auspices of the Anti-Tuberculosis association for a medico-educational campaign which covered a period of three months of intensive work and five months of follow-up work.

They have made permanent this organization, under which all civic and war activities are being conducted. It is now known as the "War Camp Service Committee."

They conducted the Red Cross Christmas seal campaign of last winter, and the health drive of this summer will be done by it. The Liberty Loan drive is being pushed by this organization.

The organization consists of the following zones and boundaries, with active units organized and at work:

The Zone Workers.

Divisions of city:

Zone A is bounded on north by Tenth street, on east by State street, on south by North avenue, and west by Ashby street. Two or three units organized and at work.

Zone B is bounded on the north by Simpson street, east by Southern railroad, on south by Tattnall street, and west by Ashby street. Six units organized and working.

Zone C is bounded on north by Tattnall street, east by Central of Georgia railroad, south by Central of Georgia railroad and North Lawn street, and on west by Ashby street.

Zone D is bounded on north by Southern shops and Southern railroad, on east by Pryor street, south by University avenue, and west by Stewart avenue. Eight units organized and working.

Zone E is bounded on north by North avenue, on east by Boulevard, on south by Forrest avenue, and west by Peachtree street, No units yet formed.

Zone F is bounded on north by Forrest avenue, on east by Boulevard, south by Auburn avenue and the west by Courtland street. Four units now formed and expects to organize more.

In Zone G.

Zone G is bounded on the north by Highland avenue, on east by Southern railroad and Atlanta compress, on south by Georgia railroad, and west by Boulevard. Three units organized and active.

Zone H is bounded on north by Auburn avenue, on east by Boulevard, south by Georgia railroad, and west by Courtland street. No units yet organized.

Zone I is bounded on north by Georgia railroad, on east by South Boulevard, on the south by Belt line, and on west by Capitol avenue. Nine units active and thirteen organized.

Zone J is bounded on north by Atlanta (this is South Atlanta), east by city limit, south by Brown street, and west by city limits. Five units organized.

Zone K, (Reynolds town).

Zone L, University Park, including all territory west of Ashby street where negroes live.

Zone M is bounded on north by Whitehall street, on east by Capitol avenue, on south by Southern railroad and Southern shops, on west by Stewart avenue. Three units organized.

Zone N. Edgewood district.

URGE PROMPT REPORT ON COMMUNICABLE DISEASES IN STATE

Advertiser

Many Reports Sent to the State Board of Health Late — Promptness Is Very Important

Necessity for making accurate and prompt reports on all cases of communicable disease in order that epidemics may be prevented is set forth in a bulletin issued yesterday by the State Board of Health and sent to doctors and county and city health authorities. "While this is done in many sections," the bulletin reads, relative to making reports, "in other sections the reports come in late and evidently incomplete."

The diseases that must be reported to the county health officer and by him to the State Board of Health, are: Typhoid fever, malaria, smallpox, measles, diphtheria, scarlet fever, whooping cough, pulmonary tuberculosis, cerebro spinal meningitis and infantile paralysis, etc.

The report says:

"Why do we require that communicable diseases be reported? The nature of these diseases is such that they will spread rapidly in a community unless suppressed by radical measures. To institute these measures it is necessary to know the natrue and extent of the threatened epidemic as soon as possible. Unless the local physicians report their cases to the county health officers, he cannot obtain this information or perform the duties required of him, and unless the county health officers report promptly and regularly to the State Board of Health, the later body is unable to perform its duties efficiently."

"In checking communicable diseases time is of the utmost importance. Suppose a case of diphtheria occurs and is promptly reported. The patient is isolated, and all who have come into contact with him are given immunizing doses of anti-toxin with the result that no other cases of the disease develops. On the other hand, should the report be delayed for several days and the health authorities know nothing of the case, these measures canont be applied, the disease spreads and when it finally is reported, the work of stamping out the epidemic is multiplied twenty fold.

"Of course prompt reports involve effort and trouble on the part of all concerned. But the cost to a community of even a slight epidemic of any of the reportable diseases is many dollars besides the suffering, anxiety and posible loss of life. Is it worth while to save a minutes writing and a stamp and run the risk of an outbreak?"

N Y C GLOBE
DECEMBER 30, 1918

How to Keep Well

By A. F CURRIER, M. D.

D. M. J.—There is need for Negro physicians in the city hospitals. Do the hospital authorities know that many of the doctors in these hospitals are abusive and insulting to patients? This is especially true of —— Hospital, where many Negroes apply for attention. One doctor on Dec. 21 swore at a young girl while treating her hand, causing her condition to become more serious. Another patient was asked why he did not go to a doctor of his own kind. Such cases urge the need of Negro doctors for Negro patients.

A. I am very glad to call public attention to the above. It is unfortunately true that not all doctors are gentlemen, but I do not know that the percentage of those who are bad is greater than in other occupations or professions. I have never seen any reason why a doctor should be a brute, whether he were American or German, and I have seen medical brutes of both kinds. Neither have I ever been able to understand why a doctor should not give the best that was in him to anybody who was in distress or suffering, whether his skin was black or white. The Negro population in this city is so large that the Negroes should have a hospital of their own. There is one for them exclusively, the Lincoln Hospital at East 141st street and Concord avenue, and it is a very good one. Why do they not start hospitals and clinics for themselves? I am sure there are many who would be glad to help them, as they did years ago in the McDonough Hospital.

MRS. M. L.—Since recovering from pneumonia my hair has been falling out in abundance, massage, and electric treatment proving unavailing. Can you suggest any other treatment or give any advice?

A. It is a common experience to lose the hair after fevers and other acute sicknesses, but it almost always comes in again. I would suggest that you read the book on "The Hair," by Dr. R. W. Muller, and consult any intelligent dermatologist for treatment.

A. E. S.—(1) Am nineteen, weigh 118, and wish to join the Marine Corps, but must weigh 130 to be accepted. How can I gain these twelve pounds? (2) I smoke two cigars daily, should I give them up? (3) Am a brisk walker, and sometimes walk ten miles daily. Is such exercise healthful and will it help me gain weight?

A. (1) Drink two quarts of rich milk daily and eat plenty of oil with your food. Also eat plenty of starchy foods, potatoes, and cereals, especially rice and oatmeal. (2) It would be better to do so, in your case. (3) There is no better exercise that I know of, but it is not generally considered a direct means of gaining weight.

J. D.—(1) Can hot chocolate, sweetened with saccharin and a well known coffee substitute be used by one who has diabetes? (2) Is oatmeal useful in this disease? Am very grateful to you for writing in The Globe; I am learning much from the medical column.

A. (1) You can only tell by experiment, but I should think it would be safe to try them. Would be glad to send you the article on diabetes, if you will send addressed and stamped envelope. (2) Most diabetics can eat it with satisfaction and profit.

Q. S. J.—How can I get rid of an offensive odor of the breath. I brush my teeth and rinse my mouth regularly and use listerine and peroxide, but without avail and my physical condition seems to be good. How can I overcome this trouble?

A. You may have trouble with your teeth of which you are not aware. Perhaps a dentist would discover faults which needed correction, even if it were necessary to take an X-ray picture. If the trouble were not in your mouth, then your stomach must be questioned, perhaps by washing it out.

In his recent annual report Dr. W. F. Brunner, our efficient health officer takes occasion to call attention to the improved housing conditions in Savannah. "The time has long passed," says Dr. Brunner, "when the city should enact building laws in keeping with modern civilization." "The modern city protects its population by seeing that particularly the poorer classes are properly housed and and there can be no great improvement in the housing conditions of any city unless the city provides laws which prevent congestion of houses and people." The foregoing speaks for itself. There can be no very appreciable decrease in death rate among our people until the city improves the housing condition. As long as many of our people are forced by unscrupulous land lords to occupy homes which lack sanitary surroundings, so long will the death rate among us remain abnormal. Give the poor of our people better houses, improved sanitary conditions etc., and the death rate among us will decrease most rapidly.

Health - 1918

IMPORTANT HEALTH PROBLEMS

In its January Bulletin the Department of Health of the City of New York deals with some very important phases of the conditions of labor, housing, etc., and the resultant ill-health of the coloured population of this city.

It is true, as one of our contemporaries has pointed out, that the Department made the unfortunate mistake of including in its report quotations from some pseudo-scientific mush b yone Dr. Alienby. But on the whole the Department's report is a very important one and generally fair and sympathetic to the race. Several parts of the report should receive the earnest attention of every coloured person seeking longevity of life or interested in the future virility of the Ethiopic rate. The Department found, among other things, that Amsterdam News.

"The Negro illness rate was ten points higher than the white rate after correction had been made for differences in age, distribution of 28.4 against 18.2. If the same rate prevails amongst all the Negroes of the city, twenty-eight hundred Negroes are ill in New York City every day in the year, or, to state the fact in another way, every Negro in th city is ill one and one-half days in each year. We find that approximately 70 per cent of the persons ill are unable to work. On this basis the Negroes in this city lose between one hundred thousand and one hundred and ten thousand days of labor each year on account of illness, and if we assume that the average wage is one dollar per day, illness costs the Negro in this city more than one hundred thousand dollars a year in wages. The average daily wage has been computed extremely low because we have included in the 100,000 population persons of all ages, and it is evident that at both extremes of life the earning capacity is nil.

The Negro's high mortality and morbidity is more the result of his environment and his careless habits than of any inherent defect in his physical make-up. . . .

. . . the Negroes' income, speaking of the multitude, not of the exception, is small and his work, either arduous or unduly hazardous, or, if neither of these, then his hours of labor are long. Notwithstanding this, the cost of living for the Negro is higher than for the white of similar station. He is compelled to pay higher rent than his white neighbor and since his income is smaller this must necessarily result in greater crowding in his home. Because of his dislike for the cold he keeps his rooms poorly ventilated; because of the lack of wholesome amusement he seeks the unwholesome. These conditions have a direct bearing upon the prevalence of tuberculosist and syphilis and gonorrhoea among the Negroes, and the prevalence of these diseases not only endangers the lives of those infected ,but of necessity causes deterioration of their offspring, thus making the Negro health problem more serious each succeeding generation.

The general problems that must be s olved for the Negro are: Education, employment, housing and recreation.

The Department's Bulletin then goes on to tell what should be done to alleviate these conditions. It finds a need for a branch office in the Harlem district in charge of a physician familiar with the local problems, several day nurseries and infant welfare stations financial assistance for mothers, a Wassermann clinic with free decive on venereal diseases and lectures on health topics.

The Amsterdam News agrees with the Department of Health that these problems are most grave and pressing. Their solution will mean a long step towards the permanent reduction of our high mortality rate.

Mill.. Dollars Lost, Says State Health Board In State By Illness of School Children

Vital Statistics For November and December of Last Year

Montgomery

One million dollars is lost each year in Alabama because of communicable diseases among the school children of the State, according to figures obtained by the State board of health. Cooperation with local health officers and strict observance of the quarantine laws are urged as a means to prevent future losses.

Geneva Highest Birth Rate

For the months of November and December last year death rate among the negroes of the State was higher and the birth rate lower than that of the white according to the tabulated figures by counties, issued Thursday by the State board of health. InNovember Geneva county had the highest birth rate, with a per centage of 27 per cent while Madison and Blount were tied for the lowest birth rate with a per centage of 9, Blount county, however had the lowest death rate with a per centage of 1.8 while Jefferson county had the highest, 17.8,

In December Franklin county had the highest birth rate with 27 per cent, while Clarke county had the lowest, 5 per cent.

Madison county had the highest death rate with 18.2 per cent and Clarke county had the lowest death rate, 2.5 per cent.

Should Have Health Officer

Every county should employ a full time health officer, the State board of health says and in pointing out the money and lives lost in Alabama and measured that can be taken to eliminate this waste says:

"The slogan of the coming State campaign will be "Conservation". Every candidate will tell the dear people how, if elected he will save the State's money.

"The State Board of Health is a candidate for popular favor. All must know that the Board is "on the job" all the time to save something of infinitely more value than dollars. Every thinking man knows that the above is true, but it is not inappropriate to show that money can be saved through public health agencies.

"The Report of the Department of Education for the year 1916 discloses some remarkable facts which the publis should know. The school census showed more than 780,000 children of school age in the State. The school enrollment amounted to 503,000, but the average attendance was only 315,000. This means that 465,000 children, or 60 per cent of those within the school age did not attend school that year. The reasons for non-attendance were as follows:

Sickness Big Cause

"The parents of some were indifferent. Many of school age were forced to work. Many more were deprived of the privileges of school attendance because of Sickness. Of the latter class, at least 78,000 were affected with typhoid fever, malaria, measles, scarlet fever, whooping cough, diphtheria, dysentery, or other prevenable diseases.

"The amount spent upon the schools of the State was $4,600,000. At the very least estimate 10 per cent of this money or $460,000 was spent for those children who could not attend school because they were suffering from the diseases mentioned above. The families of these children spent, in addition, an equal amount for their care.

"The State Board of Health points out that much of this loss might have been avoided. Our laws are adequate to give relief if properly enforced.

"Parents, teachers and physicians should report imediately to the local health officer the name and address of every person, who may be affected with any of the diseases named above, and should co-operate to make quarantine efective. It is better for a few children to be temporarily isolated than that the public should suffer from epidemics.

"Health officers should see that persons so affected are quarantined until recovery takes place.

"Every county should employ a full time health officer thereby insuring adequate school inspection. The enforcement of the measures set forth above will largely prevent this needless waste of money, time, health and life".

Vital statistics for the two months for each county follow:

November, 1917.

Deaths	2,044
Rate	10.4
Whites	1,001
Rate	8.1
Colored	1.043
Rate	12.9
Births	3,242
Rate	16.6
White	2,193
Rate	19.9
Colored	1,049
Rate	13.0

Counties.	Deaths.	Rate.	Births.	Rate.
Autauga	17	9.5	18	10.0
Baldwin	7	3.9	34	18.8
Barbour	19	4.7	35	13.6
Bibb	26	12.1	26	12.1
Blount	3	1.8	15	9.0
Bullock	32	13.2	40	16.5
Butler	32	12.3	56	21.5
Calhoun	51	8.9	66	11.3
Chambers	40	12.6	34	10.6
Cherokee	7	4.3	23	14.1
Chilton	12	5.2	32	13.8
Choctaw	9	5.8	22	14.1
Clarke	12	4.3	25	9.1
Clay	4	2.1	33	16.7
Cleburne	4	3.5	20	17.8
Coffee	14	5.6	34	13.7
Colbert	20	9.1	37	16.7
Conecuh	12	5.9	40	19.9
Coosa	7	4.9	21	14.9
Covington	30	8.2	75	20
Crenshaw	11	5.1	47	21
Cullman	6	2.1	45	15.
Dale	16	8.7	31	17.
Dallas	67	15.2	78	17.
DeKalb	20	7.6	76	25.
Elmore	24	9.7	53	21.4
Escambia	12	6.0	30	15.0
Etowah	50	12.7	71	18.0
Fayette	16	10.9	32	21.8
Franklin	13	7.3	35	19.7
Geneva	25	9.7	70	27.0
Greene	29	16.1	32	17.7
Hale	23	9.2	35	14.0
Henry	9	4.6	32	16.4
Houston	33	10.9	61	20.1
Jackson	26	9.1	49	17.1
Jefferson	425	17.8	412	17.1
Lamar	11	7.1	25	16.5
Lauderdale	32	11.3	28	10.1
Lawrence	14	7.2	47	24.0
Lee	21	7.5	32	11.4
Limestone	31	12.4	53	21.2
Lowndes	23	9.4	43	17.7
Macon	21	9.0	22	9.4
Madison	60	14.6	38	9.0
Marengo	34	10.0	32	9.4
Marion	3	1.8	29	17.7
Marshall	22	6.2	35	13.0
Mobile	134	17.2	124	15.9
Monroe	14	5.6	44	17.8
Montgomery	80	10.0	75	10.7
Morgan	35	11.3	72	23.1
Perry	18	7.0	35	13.6
Pickens	20	9.2	31	14.3
Pike	33	12.4	67	25.1
Randolph	10	4.5	44	19.8
Russell	12	5.7	28	13.4
St. Clair	13	7.2	35	19.5
Shelby	12	4.9	34	14.0
Sumter	23	10.7	30	12.0
Talladega	36	11.0	50	15.2
Tallapoosa	23	8.6	46	17.2
Tuscaloosa	66	15.0	85	19.4
Walker	27	7.1	69	18.0
Washington	10	7.2	26	18.7
Wilcox	32	11.8	29	10.7
Winston	12	8.6	27	21.5

Reportable Diseases.

Disease.	Cases.	Deaths.
Typhoid fever	237	76
Malaria	111	41
Smallpox	44	0
Measles	407	10
Scarlet fever	139	1
Cer. Epi. Meningitis	6	1
Diphtheria	107	27
Pellagra	85	81
Pulmonary Tuberculosis	173	168
Infantile paralysis	3	3

December, 1917.

Deaths	2,242
Rate	11.4
White	1,196
Rate	10.3
Colored	1.046
Rate	13.0
Births	3,287.
Rate	16.7
White	2,166
Rate	18.7
Colored	1,121
Rate	14.1

Counties.	Deaths.	Rate.	Births.	Rate
Autauga	23	12.8	40	23.4
Baldwin	14	7.8	30	16.5
Barbour	18	7.0	37	14.3
Bibb	21	9.4	55	25.6
Blount	11	6.7	20	12.0
Bullock	26	10.8	41	17.0
Butler	28	10.7	54	18.9
Calhoun	61	9.2	62	17.7
Chambers	33	10.3	36	11.2
Cherokee	13	7.9	27	16.5
Chilton	21	9.1	44	19.0
Choctaw	7	4.1	25	15.4
Clarke	7	2.5	14	5.0
Clay—				
Cleburne	6	5.3	18	16.0
Coffee	11	4.4	57	23.0
Colbert	39	17.7	25	11.3
Conecuh	20	10.0	47	23.4
Coosa	6	4.2	35	24.8
Covington	26	7.2	51	14.0
Crenshaw	19	8.9	46	21.5
Cullman	29	9.7	44	14.8
Dale	20	10.9	20	10.9
Dallas	72	16.5	85	19.5
DeKalb	27	10.3	52	19.8
Elmore	23	9.3	46	18.6
Escambia	12	6.0	20	10.0
Etowah	54	13.7	69	17.5
Fayette	8	5.4	20	13.6
Franklin	17	9.6	48	27.0
Geneva	25	9.6	57	22.0
Greene	19	10.5	21	11.9
Hale	26	10.4	33	13.6
Henry	20	10.2	44	22.5
Houston	33	10.9	48	15.9
Jackson	32	11.2	31	10.8
Jefferson	468	19.6	472	19.7
Lamar	6	3.9	27	18.2
Lauderdale	17	6.0	47	16.5
Lawrence	26	13.4	36	18.6
Lee	25	8.9	24	8.6
Limestone	31	12.4	51	20.2
Lowndes	31	13.1	48	19.7
Macon	21	9.0	21	9.0
Madison	75	18.2	55	13.4
Marengo	38	11.1	55	12.6
Marion	6	3.7	38	23.3
Marshall	19	7.2	29	10.7
Mobile	125	16.0	105	13.5
Monroe	16	6.5	54	21.9
Montgomery	100	10.6	90	12.1
Morgan	30	9.9	58	18.7
Perry	22	8.8	65	25.2
Pickens	27	12.4	19	8.8
Pike	38	14.2	61	23.0
Randolph	22	9.8	38	17.0
Russell	11	5.2	35	16.7
St. Clair	11	6.3	33	16.7
Shelby	16	6.5	48	19.6
Sumter	23	10.7	34	15.7
Talladega	28	8.5	55	16.8
Tallapoosa	37	14.0	40	15.0
Tuscaloosa	52	12.1	77	17.6
Walker	49	12.8	96	25.0
Washington	10	7.1	19	13.6
Wilcox	18	6.6	41	15.1
Winston	11	8.4	28	22.2

Reportable Diseases.

Disease.	Cases.	Deaths.
Typhoid fever	101	42
Malaria	54	16
Smallpox	169	1
Measles	Epidemic.	17
Scarlet fever	120	0
Cer. Spi. Meningitis	16	4
Diphtheria	61	22
Pellagra	76	72
Pulmonary tuberculosis	209	194
Infantile paralysis	1	0

Mary Cassatt, a well known American artist, has invented surgical appliances for patients suffering from fractures which have contributed to the comforts and recovery of the wounded in France

NEGROES GIVE CITY HIGH MORTUARY RATE

Large Influx Of Outsiders To Baltimore Hospitals Another Cause For Poor Showing.

ESTIMATE OF POPULATION IN FEDERAL REPORTS LOW

BALTIMORE MD EVENING SUN
APRIL 5, 1918

Health Authorities Explain Why Baltimore Occupies Relatively Low Place On List.

Utterly inadequate facilities for taking care of negroes who suffer from tuberculosis, an extremely large proportion of deaths in the colored population, high mortalities from heart and Bright's diseases and a misleading method of recording deaths were among the principal explanations given today by officials of the Health Department of the fact that for some weeks past the figures of the Census Bureau have shown Baltimore's mortality rate to be one of the highest in the United States.

For several weeks Washington was the only city in the country with a mortality rate higher than Baltimore's, although last week, for the first time in a considerable period, Memphis, Tenn.; Kansas City, Mo.; Washington, D. C., and Newark, N. J., all had a higher percentage of deaths than was recorded here.

Attacks Census Bureau Figures.

Dr. John D. Blake, the Commissioner of Health; Dr. William T. Howard, Jr., the assistant commissioner, and Dr. John F. Hogan, who is in charge of the bureau of communicable diseases, were asked by THE EVENING SUN to state what they conceived to be the reasons for Baltimore's bad showing in the list of American cities as regards the mortality rate.

All of them insisted that the Census Bureau's figures did not accurately reflect conditions in Baltimore, and they pointed to the small number of deaths occurring from what are known as preventable diseases, not including tuberculosis and pneumonia. Attention was drawn to the system of charging to Baltimore the deaths of non-residents in hospitals. The number of deaths from such preventable diseases in 1916, they pointed out, was 365. The report for 1917, which the department will shortly submit to the Mayor, shows only 226 deaths from preventable diseases. Last week there were four such deaths, three from diphtheria and one from measles.

Negro Death Rate High.

Each of the officials laid stress on the deaths among the negroes. In proportion to their numbers nearly three times as many negroes as whites die in Baltimore every week. Last week the mortality rate per thousand was 45.36 among the negroes as compared with 17.36 among the whites. Thirty-seven people died from tuberculosis last week, and most of them were negroes, the health officials said.

The number of deaths from tuberculosis in 1917, the forthcoming report will show, was 1,407, a very high figure, for which the health officers say the negroes are responsible. They pointed out that the Health Department has no way of handling cases of tuberculosis among negroes, because there are hospital provisions for only 19 patients and all of these 19 beds are at Bayview.

Reflected In Birth Rate.

Conditions among the negroes are further reflected in the birth rate. For the white population the births far exceeded the deaths; in the colored population the deaths considerably exceeded the births. There were 11,364 deaths and 14,950 births in 1917. The number of whites who died was 8,362, the number born 12,582; negroes who died 3,002, born 2,368. The negro infant mortality rate is exceedingly high, being 199.32 among the negroes, as compared with 104.19 among the whites. This is on the basis of 1,311 deaths of white babies and 472 colored last year. The colored population is about 15 per cent. of the whole, but of the deaths more than 25 per cent. are of negroes and the births a little more than 13 per cent. In short, the negro race may be said, in a way, to be dying out in Baltimore.

Many Decedents Nonresidents.

Speaking of what they termed a misleading method of recording deaths, a method that unwarrantably places this city in a bad light, the commissioners pointed first to the number of hospitals in Baltimore and to the very large number of people who come to them from other cities. They said that more people come to hospitals in this city than to those anywhere else, and that this naturally has the effect of increasing the local death rate. A person who dies in Baltimore, even if he was here only a few hours, is recorded by the Census Bureau as a Baltimorean so far as the mortality statistics are concerned. Dr. Black asserted that more than 50 per cent. of the large number of people who die in hospitals here are non-residents.

The percentage of non-residents who died in Baltimore last month was exceedingly large, running up to 8.80. During the past five years the percentage of deaths among non-residents has steadily increased, with the exception of one year, the figures being: 1913, 4.7; 1914, 5.5; 1915, 6.9; 1916, 6.8; 1917, 6.9.

Population Estimated Too Low.

The health officials also called attention to the fact that the Census Bureau computes its statistics on the basis of a total population for Baltimore of 594,637. The influx of people into this city recently, Dr. Blake said, had decidedly increased the number of inhabitants. He thought a fair estimate would be 700,000. If the death rate had been computed on this basis, he added, the showing made by Baltimore would be very different.

One of the surprising statements made by the Health Department was that Baltimore had an abnormally high record among American cities of deaths from such noncontrollable causes as heart disease, Bright's disease, apoplexy and arterio sclerosis. The proportion of deaths from heart disease to the thousand of the whole population is 29.85, which is almost as large as the proportion for the total number of disease classed as noncontrollable by the Health Department, which is 31.72. There were almost as many deaths from heart disease as from bronchitis and pneumonia, and about equally as many as from tuberculosis.

Bronchitis And Pneumonia Fatal.

Bronchitis and pneumonia claimed more victims than any other single cause last year, taking a toll of 1,544. Next came tuberculosis, with 1,407, and then heart disease, including angina pectoris, with 1,401. The number who died from chronic Bright's was 1,050, from apoplexy 737 and from cancer 640. Deaths from other nonpreventable diseases were as follows: Arterio sclerosis, 203; diabetes, 124; intestinal obstructions, 110; stomach trouble (children under 2 years of age), 101; cirrhosis of the liver, 96; appendicitis, 96; acute nephritis, 79.

The deaths from preventable diseases, not including pneumonia and tuberculosis, were as follows: Influenza, 108; typhoid fever, 92; diphtheria, 58; epidemic meningitis, 58; measles, 51; whooping cough, 38; erysipelas, 28; simple meningitis, 22; blood poisoning, 11; scarlet fever, 11.

Ten Fatal Accidents A Week.

There were suicides at the rate of two a week and homicides at the rate of one a week last year in Baltimore and about 10 people a week were killed in accidents. The exact figures of the deaths from violence are: Accidents, 511; suicides, 100; homicides 52.

NEGROES DESIRE IMPROVEMENT IN THEIR SECTION

"Good Business To Make All parts Of The City Sanitary," Says City Manager

INVESTIGATES NEEDS OF COLORED PEOPLE

Mr. Ashburner Believes City Council Will Approve Any Sanitary Measures

[illegible]MBER 15, 1918

"It may be stated with all assurance that the colored people of Norfolk will heartily and enthusiastically support City Manager Charles E. Ashburner and the new city administration and all that the colored people ask in return is that the city do all in its power, consistent with its finances, to improve the physical appearance of that section of the city of Norfolk in which the colored people live."

This statement was made by P. B. Young, editor of the Publisher and Guide, in introducing City Manager Ashburner to a large audience of men and women at a colored mass meeting in the Red Circle theatre some time ago.

In conversation with Young, a few days ago, a representative of the Virginian-Pilot recalled his statement and took occasion to ask him to explain more fully what he meant when he said that the colored people desired the city to "improve the physical appearance" of the colored people's section of the city.

"I referred particularly to the condition of the pavements and the streets in the colored section of the city," said Mr. Young, "and most of all to the sanitary conditions of that part of the city.

"We are not complaining, you understand, because the city has probably done the best it could for us, went on Editor Young, "nor do we expect the city to pave all the streets in the colored section, for there are miles and miles of streets unpaved and it would cost at least half a million dollars to put them in good condition. Also, I am glad to say that we have a very good sewerage system, which the city constructed some years ago at a cost of one hundred thousand dollars, so we are all right in that respect."

Streets Need Curbing

"What, then, do you and the colored people want the city to do to improve the physical appearance of your section?" the editor was asked.

"Well, for one thing, we think the city could well afford to lay curbing along the streets in the colored section for the purpose of properly draining the streets. That would tend to improve the condition of the streets, at least, even if they are not paved. Without the curbing, the water stands in the streets when it rains and many of them, in bad weather, not only become almost impassable, but are frequently made unsanitary.

"It is estimated that it would cost twenty thousand dollars to put down curbing on the principal streets of the colored section and perhaps all of them could be so improved for that amount. Considering the fact that the thousands of colored people living in Huntersville, Barbourville and Lindenwood pay a large amount of taxes into the city treasury it seems nothing more than right that the city should reciprocate by giving us some improvements.

"The section occupied by the colored people of Norfolk was once a part of Monroe ward. With the increase of the colored population the colored section has expanded enormously and now embraces a very large area, in which area are included the sections known as Lindenwood, Barboursville and Huntersville.

White People On All Sides

"And there was a time when there were white people living only on one side of the colored people's section, but now the colored people are surrounded by numerous suburban places where white people reside and we are in the center of a large white residential section.

"I am sure that City Manager Ashburner is in touch and also in sympathy with the needs of the colored people in respect to their living conditions, as are the members of the city council, so I do not wish to be understood as criticising Mr. Ashburner or the city council, for I feel sure that they will do the right thing by the colored people of Norfolk, so I am merely telling you what the colored people would like for the city to do for the colored section in order to improve its physical appearance, and in time I think it will be done."

"Have you electric and gas light and power service?"

"The colored section of the city is wired for electric service," said Editor Young, with a smile, "but in the matter of gas service we are better off than the white people, because we have no gas service at all. Therefore, we don't have to bother with gas and consequently are never aggravated."

Appreciates The Situation

City Manager Ashburned made the following statement:

"I have already investigated the matters spoken of by Editor Young. I have always thought that nothing tends to make a better citizen more than to improve his physical surroundings, and I believe the present council will approve of anything along the line of work that tends to make a more sanitary condition in Norfolk.

"A city that has one section in an unsanitary condition may present a good appearance in others, but is very much in the same position as a man dressed up in his Sunday clothes with dirty underwear.

"Looking at this matter from the point of view of a resident in a more prosperous portion of the city, I think it must be clear that the disease and epidemics originating in an unsanitary section are not confined to the section in which they originate, but may, and probably will, invade other sections. Therefore, the necessity of improving the unsanitary sections appeals to all citizens, both from a selfish standpoint and from a larger desire to do right by one's fellow man.

"To sum this matter up, it is good business to make all parts of a city sanitary," concluded Mr. Ashburner.

THE TUBERCULAR NEGRO.

DALLAS TEXAS JOURNAL
[illegible]

The mortality figures cited by the Negro Welfare Board in the petition submitted to the County Commissioners' Court are well calculated to enlist public support of their request that an exclusive unit be erected at Woodlawn Hospital for the treatment of tubercular negro patients. The figures, based on acceptable estimates of population, show that 2.84 per 1,000 negroes succumbed to tuberculosis in 1917, as compared to .82 per thousand whites. Both protective and humane considerations should prompt county and city authorities to take some constructive action along the line proposed, and that at the earliest date practicable. For the ravages of the plague among the estimated 25,000 negro residents of Dallas menace the white population as well. The segregation and intelligent treatment of the tubercular negro would seem to be an imperative health measure. But the certain means of reducing the mortality rate among the negroes lies in elimination of causes, by improvement of housing and sanitary conditions. The sooner that task is attempted and completed the better for Dallas and its citizens.

Health—1918

THE DIET OF THE NEGRO MOTHER IN NEW YORK CITY*

ALFRED F. HESS, M.D.
AND
LESTER J. UNGER, M.D.
NEW YORK

Journal A.M.A. 3-30-18

Not long ago we reported the result of prophylactic therapy for rickets in a negro community.[1] This test was carried out in what is known as the Columbus Hill district of New York City, a district with a population of about 9,000, composed almost entirely of negroes. As was stated in the previous paper, this section enjoys the unenviable distinction of having the highest infant mortality rate of any community in the city, although, it should be added, the rate is steadily decreasing. Shortly before we undertook this study, a survey of Columbus Hill had been carried out by the Henry Street Settlement and the National League for the Study of the Urban Conditions of the Negro, to ascertain the social and economic conditions responsible for the high death rate. Both these organizations have been helpful in enabling us to gain access to the homes of these people, and we take this opportunity of thanking them for their cooperation.

In connection with the examination of the infants for rickets, which was made in the homes, and involved frequent interviews with the mothers, it seemed worth while to conduct a careful investigation as to the dietary of these women. This work promised to be of value, not only from an economic, but also from a medical standpoint, as it has at all times seemed probable that the food of the infant, and perhaps that of the mother as well, played a rôle in the development of rickets. We therefore set ourselves the task of ascertaining the adequacy of the diet of a group of women — about seventy-five in all — with respect to its caloric value, its content of the various foodstuffs, and its mode of preparation. This investigation was made in the fall of 1916 and the winter of 1917, before the war had caused prices to rise inordinately, so that the results cannot be regarded as having been distorted by the high cost of living.

The method of procedure and the results obtained are portrayed in the series of tables included in this paper. Table 1 shows a typical dietary chart, such as was used to record the data obtained in each case. In ascertaining the amount of food used daily—for example, a teaspoonful of sugar—we always asked the woman to demonstrate what she understood by a teaspoonful. In the case of bread, she was asked to cut a slice. Her cupfuls were likewise seen and measured. We realize that this cannot be considered an absolutely accurate method of measurement. From a practical dietetic standpoint, however, it gives important information, and when it is carried out among a considerable number of persons, the error is not great. In five instances, exact figures were obtained. The food was weighed as well as measured. For this purpose a considerable number of the more intelligent women were selected, such as gave promise of being able to cooperate. Each of these women was given a scale, and was asked to weigh all the food she used for two twenty-four hour periods. Among the women, there were only five who we were convinced carried out the experiment satisfactorily. The others did not evince sufficient interest or understanding for us to accept their figures. The five weighed dietaries are reproduced in Table 2. On examination, these figures show that the women consumed almost 2,500 calories a day, that is to say, almost the estimated requirement for a woman weighing 60 kg. (132¼ pounds); that they received a sufficient amount of protein, and that their carbohydrate intake was almost normal, but that they obtained about three quarters of the amount of fat which should be normally consumed.

TABLE 2.—COMPOSITION AND CALORIC VALUE OF FIVE DIETARIES IN WHICH FOOD WAS WEIGHED

Case No.	Weight, Kg.	Amount Eaten				Estimated Requirement			
		Protein, Gm.	Fat, Gm.	Carbohydrate, Gm.	Calories	Protein, Gm.	Fat, Gm.	Carbohydrate, Gm.	Calories
14	73	138	71	286	2,342	124	124	387	3,212
17	51	75	78	205	2,304	87	87	270	2,244
46	56	78	54	341	2,120	95	95	297	2,464
55	63	177	109	249	2,786	107	107	334	2,772
68	69	102	60	421	2,735	117	117	366	3,036
Aver.	62	104	75	500	2,457	105	105	329	2,728

Table 3 gives the composition and caloric value of fifteen dietaries in which the food was merely measured, and coincides surprisingly well with the figures given in the previous table. Here we see an excess in the intake of protein, an adequate consumption of carbohydrates, and once more a deficiency of almost 25 per cent. of fat in the dietary.

The deviation of these twenty dietaries from normal standards forms the basis of Table 4, which constitutes a summary of the twenty cases. It merely brings into relief the points just emphasized, showing the number of cases in which the three main foodstuffs were excessive, normal, or deficient in amount.

In order to get information as to the actual foodstuffs which the women ate, we ascertained the dietaries of almost all those whose babies were receiving the cod liver oil therapy. The women numbered about seventy-five in all. We carried on the study of dietaries from day to day, noting the kind of food they had consumed during each previous twenty-four hours. There were some who were too ignorant to furnish reliable information, in which cases the data were discarded. In every instance, we obtained the dietary for at least two or three days, being careful not to include Sunday or Monday in the number. In this way we collected the dietaries (reproduced in Table 5) of seventy-five mothers for 179 days. A glance at this table shows that the women ate meat or fish almost daily; that rice or potato also constituted a daily part of their ration; that milk, except in small amounts as it was taken with tea or coffee or cereal, entered scantily into their dietary; that fruit was taken only fifty-three times in the 179 days, and that this was true of vegetables to about the same extent.

In the study of vegetables as an article of diet, it is important to distinguish between the fresh and the canned or dried. Although there is no doubt that the latter forms of vegetables have considerable nutritional value, they must not be regarded as the equivalent of fresh food.[2] Looking into the question from this point of view, we found, at least in the fall and winter months when our investigations were made, that the women rarely had the fresh food in mind when they referred to vegetables. There was a preponderance of canned and dried vegetables, as well as a deficiency of fresh vegetables in the 179 days' dietaries. We find that, on an average, vegetables were eaten about twice a week (fifty-three times in the 179 days) and that fresh vegetables were taken in twenty-one instances, constituting an average of less than once a week. Inquiries at the grocery and vegetable stores in the neighborhood served to confirm these observations. The amount of fresh vegetables in stock was small, and the storekeepers stated that almost all they sold were either dried or canned. Nor was this lack of fresh food compensated for by a liberal intake of fruit. In fact, we find the same deficiency in this important article of diet. The women ate fruit only about twice a week (fifty-three times during the 179 days), and if we refer to the table of individual families (Table 6), it is evident that in many instances fruit hardly need be considered as forming an article of their dietary.

It seemed of interest to inquire whether these people prepared their meals in any special manner, and especially how long they cooked the vegetables and the meat, as well as whether they used soda to hasten the cooking process. The main point brought out by this

DIETARIES IN WHICH FOOD WAS WEIGHED

Case No.	Weight, Kg.	Amount Eaten				Estimated Requirement			
		Protein, Gm.	Fat, Gm.	Carbohydrate, Gm.	Calories	Protein, Gm.	Fat, Gm.	Carbohydrate, Gm.	Calories
14	73	138	71	286	2,342	124	124	387	3,212
17	51	75	78	205	2,304	87	87	270	2,244
46	56	78	54	341	2,120	95	95	297	2,464
55	63	177	109	249	2,786	107	107	334	2,772
68	69	102	60	421	2,735	117	117	366	3,036
Aver.	62	104	75	500	2,457	105	105	329	2,728

TABLE 3.—COMPOSITION AND CALORIC VALUE OF FIFTEEN DIETARIES IN WHICH FOOD WAS MEASURED*

Case No.	Weight, Kg.	Amount Eaten				Estimated Requirement			
		Protein, Gm.	Fat, Gm.	Carbohydrate, Gm.	Calories	Protein, Gm.	Fat, Gm.	Carbohydrate, Gm.	Calories
4	51	121	74	336	2,524	87	87	270	2,244
9	51	94	54	234	2,050	87	87	270	2,244
18	49	135	77	252	2,175	83	83	260	2,156
19	61	126	43	387	2,770	104	104	323	2,684
25	81	109	92	214	2,087	138	138	429	3,564
30	51	151	102	194	2,327	87	87	270	2,244
36	65	152	83	401	2,963	111	111	345	2,860
38	49	127	70	366	2,662	83	83	260	2,156
43	47	119	88	213	2,007	80	80	249	2,068
44	65	156	95	386	2,941	111	111	345	2,860
51	79	111	57	377	2,487	134	134	419	3,476
56	61	137	76	308	2,439	104	104	323	2,684
57	79	144	98	358	3,116	134	134	419	3,476
63	47	172	85	230	2,323	80	80	249	2,068
67	65	84	58	277	1,995	111	111	345	2,860
Aver.	60	129	77	302	2,458	102	102	318	2,640

* The food charted in Table 2 was weighed immediately before eating. The food in this table was measured before eating, and subsequently equal amounts were weighed.

TABLE 5.—NUMBER OF TIMES IMPORTANT FOODSTUFFS WERE EATEN BY SEVENTY-FIVE WOMEN (179 DAYS' DIETARIES)

Foodstuff	Number of Days Food Was Eaten at Least Once	Foodstuff	Number of Days Food Was Eaten at Least Once
Meat or fish	172	Potato	128
Eggs	52	Rice	100
Milk: As a beverage	47	Fruit	53
Milk: With cereal	59	Vegetable: As vegetable	53*
Milk: With tea or coffee	81	Vegetable: In stew	32
Milk: With cocoa	38		

* Fresh vegetables were eaten 21 times; canned or dried, 32 times.

aspect of the investigation was that they undoubtedly cooked their food longer than the average housewife.

TABLE 8.—DURATION AND MANNER OF COOKING MEATS AND VEGETABLES

Case No.	Vegetable		Meat		Soda Used		
	Boiled (Hours)	Water Discarded	Boiled (Hours)	Stewed (Hours)	For Meat or Vegetable	Amount†	Times a Week
1	1	Yes	1	2	0	0	0
2	1	No	2	2½	Veg.	+	7
3	1	Yes	2	3	0	0	0
4	1¾	No	3	3	0	0	0
5	2	Yes	2½	2½	0	0	0
6	1	Yes	2½	2	0	0	0
7	1	Yes	2	1½	Veg. & meat	½ teasp.	½
8	½	Yes	1	2	0	0	0
11	1¾	Yes	1	3	0	0	0
12	8½	No	3	8½	Veg. & meat	+	2
13	1	Yes	*	2	0	0	0
14	1	No	1	2	0	0	0
15	2	Yes	3½	2½	Meat	½ teasp.	2
16	4	No	3	3	Meat	+	1
17	1	Yes	3	3	0	0	0
18	1	Yes	3	2	0	0	0
19	2½	No	2	2	0	0	0
20	2	No	2	2	0	0	0
21	1	Yes	2	3	0	0	0
22	1	Yes	2	3	0	0	0
23	1	Yes	2	3	Meat	+	2
24	2	No	*	2	0	0	0
25	1½	No	2½	3	Meat	+	½
27	2	Yes	2	2	Meat	+	0
28	1½	Yes	2	2	Veg. & meat	+	¼
29	1	Yes	2	3	0	0	0
30	2½	Yes	2	5	Meat	½ teasp.	½
31	1	Yes	2	2	Veg.	+	0
32	2½	Yes	4	4	0	0	0
33	1	Yes	2	2	0	0	0
34	2	Yes	2	3	0	0	0
35	2	No	1½	2½	Veg. & meat	+	4
37	1	Yes	1½	3	0	0	0
38	2½	Yes	5	3	Veg. & meat	½ teasp.	2
40	2	Yes	3	4	0	0	0
41	2	No	2½	3	0	0	0
42	1	Yes	1½	1½	0	0	0
43	3	No	3	4	0	0	0
44	1½	Yes	2½	3	0	0	0
45	2	Yes	2	2	0	0	0
46	5	No	7	4	Meat	+	¼
47	1½	No	1½	2	0	0	0
48	1	Yes	1½	4½	Meat	0	0
49	½	Yes	1	1½	0	0	0
50	2½	No	2½	2	0	0	0
51	2	Yes	3	4	0	0	0
52	2	Yes	2½	3	Meat	+	1
53	2	Yes	2	4½	Veg. & meat	+	1
54	½	No	2	3	0	0	0
55	2	Yes	4	4	0	0	0
56	1	Yes	1½	2½	0	0	0
57	1	Yes	2	4	0	0	0
58	1	Yes	1½	3	0	0	0
60	1	Yes	2	3	0	0	0
62	2	Yes	1½	3	0	0	0
63	1	Yes	2	3	0	0	0
64	1	Yes	3	3	Veg. & meat	+	3
65	1½	No	2½	2½	Veg. & meat	+	2
66	2	Yes	1	2	Meat	+	½
67	1½	No	1½	4	0	0	0
68	1½	No	3	5	0	0	0
70	1½	Yes	2	3	0	0	0

* Never uses boiled meat.
† In this column, + indicates a pinch of soda.

We found this to be especially true of meat, which was eaten very frequently in the form of a stew. The vegetables were cooked one or two hours, and the water in which they were cooked was generally discarded. In some cases a small amount of soda was added to soften the vegetables; this practice, however, was the exception. The data of these culinary customs have been summarized in Tables 8 and 9, and comprise the facts elicited from seventy families.

The negroes of the Columbus Hill district, in the great majority of instances, have emigrated from the West Indies, only a few having come from the southern part of the United States. Most of them have been here a few years, giving the islands of St. Kitts, the Barbadoes and St. Croix as their places of birth. It appeared worth while to inquire into their habits and diet before they emigrated to this country, and to compare these with their mode of life in a great metropolitan city under different climatic conditions. No more striking contrast could have been found. In the West Indies they lived an outdoor life, their diet consisting mainly of vegetables and fruit. They stated that they frequently ate two or three kinds of vegetables at a meal, and partook of them always fresh—never in a dried or canned state. The variety of vegetables was also considerably greater than we have in New York City. In addition to peas and beans, spinach, etc., they mentioned yams, breadfruit, "tanniers," eddoes, watercress and okra as forming frequent articles of food. Many of these vegetables grew in their own gardens, or were brought to the town from the suburbs and sold at what seem to us nominal prices. Just as the dietary was rich in vegetable food, so was it also in fruit, which they consumed once a day or oftener.

It is probable that a dietary as deficient as that of this urban community must affect the body tissues. The question may well be raised whether this would not be true to a greater extent among a people accustomed to have fresh food in abundance. It is difficult to state in chemical terms the exact deficiency in this diet. For calcium and other salts, however, we depend largely on milk, vegetables and fruit, and it is in all these foods that the dietary we have outlined is markedly lacking. It would seem certain that these women, and probably others who are living in the large cities of the North, are receiving an amount of calcium which is close to their minimum requirement.

There is a hypothetic aspect which suggests itself in relation to this subject. As is well known, the negro race is particularly subject to rickets. In fact, almost all the negro children in New York City, whether nursed or artificially fed, seem to have this disorder to a greater or less extent. The nature of rickets and the cause of this racial susceptibility remain illusive and unsolved problems. It is known, however, that the negro in the tropics does not suffer from rickets. We have made direct inquiries of physicians in Jamaica, Cuba, Panama, Trinidad and the Bahamas, and received unanimous reports that this disease has been rarely encountered in their experience.[3] There are many etiologic factors to which the difference in the incidence of rickets in the tropics and in the North may be ascribed. It is a mooted question, one which has occupied pediatric attention for many years, but which cannot well be discussed at this time. We must take into account the contrast in the northern negro's mode of life, as well as the change in the climate. This, however, does not exclude the possibility that the marked difference in the food also plays a part. The fact that this race has lived on a diet largely composed of fruit and vegetables—foods rich in calcium and in undefined substances present in all fresh vegetable products—and the fact that its dietary has suddenly been changed so that meat becomes one of the principal ingredients, to the virtual exclusion of fresh fruits and vegetables, may well alter the metabolism of the mother and her offspring.

16 West Eighty-Sixth Street.

DIVISION OF BEHAVIORAL SCIENCE RESEARCH

Health—1918

EVERY BABY IN TOPEKA CAN ENJOY FREE BABY CLINICS

JACKSON, MISS., NEWS
SEPTEMBER 5, 1918

Miss Mary Larson (right) and Mrs. Roxie Hughes (left) examining little colored babies at the baby clinic in the city building, held by the Public Health Nursing association.

Miles of babies' smiles are being made in Topeka this summer. Two weeks ago the Public Health Nursing association, assisted by some of the club women, launched a plan to hold a clinic twice a week where mothers could bring their babies and have them examined free of charge. Ninety babies already have received the advantages offered by the clinic.

On her arrival in Topeka in the spring, one of the first ideas entertained by Miss Mary Larson, newly selected chief of the Public Health Nursing association, was the establishment of a baby clinic. Believing in preparedness, as the weeks sped by she gathered material and equipment for this purpose.

Summer time came. Miss Larson approached the subject of a baby clinic to proper authorities and received the heartiest co-operation of W. L. Porter, commissioner of public property, and Dr. H. L. Clark, city physician and health officer.

Rooms Easily Reached.

Clinic rooms have been opened on the first floor of the auditorium, easily accessible by mothers with their children. The clinics are held from 1:30 o'clock to 4 o'clock Tuesday and Thursday afternoons. In the waiting room is a collection of very clever posters bearing suggestions on baby welfare, done in clever designs. The posters were secured from New York. Among the "don'ts" they advocate are "Don't kiss the baby," "Never dope the baby," "Never rock the baby," nor "Wake him up to show him off."

In the adjacent room is the doctor's and nurses' office, examining supplies, an exhibit of baby foods and other mechanical and educational equipment.

All the babies that patronize the clinic do not belong to the Caucasian race.

"We've had some of the cutest pickaninies you ever saw," said the nurse in attendance, "six of them were here at once today."

The clinics are schools of education for mothers to learn baby craft, although one mother insisted the other day that the nurses really didn't have anything else to do than meddle in her affairs that she had given birth to ten children and eight of them had died and she guessed she could take care of her own young ones. With that she spit upon her handkerchief and rubbed her baby's face so the nurse could get a better view of his healthy skin.

A Record of Every Baby.

A record of every baby examined is kept on file by Miss Larson. She encourages the women to bring their babies to the clinic each week so that the nurses can see they are getting the proper care.

"One of our patrons is so much interested in the clinic she comes twice a week to have the baby weighed," said Miss Larson.

Mrs. Roxy Hughes, a special baby nurse, who is assisting with the clinic work, is suported by the U. and I. club of Topeka.

Before opening the clinic a baby survey of Topeka was made in the interest of the national "Save 1,000,000 babies this year" campaign. Every baby in Topeka will have proper care this summer if the Public Health Nursing association can carry out the present plans.

OUTLOOK FOR TUBERCULAR BILL DARK—FAILURE OF NEGROES TO PUSH IT.

The Daily Herald
Mar. 27, 1918.

From the present outlook, it appears that the bill introduced in the Legislature a few weeks ago by Delegate League from this city, providing for the erection and equipment of a sanitarium for colored consumptives will fail, because noone from any section of Maryland has appeared to push this bill.

The bill was successful in passing the House, but from all appearances it will die in the Senate.

However, it is reported on good authority that a similar bill introduced in the Senate by Senator Johnson, in February, nd which has the backing of Governor Harrington, will pass when referred to the House, as there will be men on the job to talk for it.

But, allin all, this is a lamentable situation as the colored citizens of Maryland can ill afford to lose the smallest appropiation providing for their tubercular sufferers, when the presence of two or three representative citizens of the race at Annapolis might have meant the passage of the former bill.

Then it is said that there are other smaller bills which have gone by the board, passing the House in which they originated only to fail in the other house, because they were without anyone to push them. The failure of the bill providing for equal salaries for colored teachers with those of the whites of Somerset county, is an instance of this.

WHITE DEATHS FOR PAST WEEK EXCEED THOSE OF NEGROES

The News-Leader
5/11/18

Mortality tables were reversed in Montgomery during the week ending Saturday. Deaths among the white population exceed those among the negroes by a large number. According to the weekly report of the sanitary department, fifteen white persons died while only nine negroes passed away the total number of deaths for the week being 24.

Among the negro decedents was Harriet Foster, an old ante-bellum negress, whose age was given as 10[illegible] years. There was no accurate record of her age, but judging from the events that she remembered, such as the falling of the stars, she was estimated to be a centenarian.

The list of deaths recorded by the department follows:

Whites—Virginia B. Pollard, age 77 years; Sallie C. Dannely, age 43 years; Cornelia Robinson, age 3 days; Thos. A. McDonald, age 43 years; Jacob Monsky, age 58 years; Brooks Hayward, age 5 years; Edward F. Dunbar, age 2 years; Ola Moore, age 58 years; Charlie H. Tucker, age 20 years; Peter Markis, age 31 years; Juliette Hertzfeld, age 8 months; Louise Pace McManus, age 68 years; Abbie E. Brassell, age 18 months; Lillian G. McDade, age 13 months; Rosebell T. Norman, age 59 years.

Negroes—Jerry McMillan, age 3 years; Vinie Kane, age 49 years; Carrie Trimble, age 75 years; Anna Conier, age 23 years; James Murry, age 34 years; Selmer Crenshaw, age 23 years; Harriet Foster, age 100 years; Lee Johnson, age 1 year; John Hart, age 35 years.

NEGRO HEALTH DRIVE FOR UNION

UNION S C TIMES
AUGUST 13, 1918

'Better Living and Better Health" is Slogan—Clean Up Day and Health Meeting Friday, August 16th, 1918.

The Clean-Up drive starts on the morning of the 16th at 6:30 a. m., and will continue all day in all parts of the city and suburbs of Union. Everybody is asked to clean up, white and colored. Make your place look better and disease less.

The general suggestions are to clean up your yards, drains destroy weeds, litter around the premises and whitewash EVERYWHERE.

To Give Away Ten Dollars in Gold

There will be a first and second prize amounting to ten dollars, given to the persons who bring the largest number of tin cans to the Court House where they will be counted and recorded. These cans must be secured from the block in which the person lives, entering the contest. Dr. C. A. Dawkins who is chairman of the committee on "Get rid of tin cans."

In each ward has been appointed a ward Captain and each block a block Lieutenant. The lieutenants will appoint in each home a home leader.

Information Headquarters have already been opened under the direction of the County Council of Defense at 12 Pinckney Street, phone 313. G. W. Bolden is county chairman.

Mass Meeting at 8:30 P. M., Union County Court House—A Great Health Meeting

Partial Outline of Program

Addresses will be made on the following Subjects:

1. Child welfare.
2. Venereal diseases.
3. Fly-borne diseases—Typhoid and dysentery. Mosquito-borne diseases—malaria.

THE GLOBE
MARCH 11, 1918

Negro "Deterioration."

Editor Globe:—The Educational Department of the Board of Health in its January Bulletin carries a most damaging as well as overdrawn statement concerning the morals of the colored race from the pen of one Dr. Sherley W. Wynn. His first charge is that the race has deteriorated since slavery, when statistics prove that its progress along all lines tending upward has broken all records in the short space of fifty years.

In slavery times, he tells us, tuberculosis was practically unknown. Perhaps this fact was due to the splendid physical condition in which the Negro came to this country. He further alleges that in the days of slavery the colored man was made to bathe, given a comfortable cabin, made to stay home at night and rest that he might be able to work. The colored race knows more about sanitation and adheres more strictly to its teaching to-day than ever before. If this learned doctor will consult the real estate dealers and landlords, especially in his own city, he will find that it is almost impossible to lease to colored tenants an apartment which has no bathroom and no sanitary plumbing.

In further refutation of his, Dr. Wynn's, charges I would like the doctor to tell us how many colored men in the draft were disqualified because of physical unfitness. For information I would refer him to the War Department. Slaves were not always given wholesome food, as he says; some of them were no better fed than dogs. Their treatment depended altogether on the humanity of their owners.

The diseases of which the doctor speaks, so common to men irrespective of race, were not brought to this country by the twenty slaves who landed at Jamestown, Va., for those pests are not known to the African race, even in savage Africa.

"The Negro cannot resist temptation." Who can? What answer has the white man to this question? Deteriorating? Let us see. The African women were brought to this country as beasts of burden, slaves, yet their masters cohabitated with them, reared families by them. Was this depravity or deterioration?

In commenting on the kind of education the race should have the doctor says: "The education of the Negro should seek to train him not in English literature, ancient history, algebra, or geometry, but should train him that he may earn a decent livelihood. He should be taught the trades for which he is physically fit and mentally equipped."

What evidence have we that the doctor in question had sufficient mental calibre to pursue a medical course? He might have made a better carpenter or blacksmith. Where was he when Dr. W. P. Roberts, an eminent colored physician of New York City, was a member of the Board of Health? Is it possible that he does not know of the host of splendid colored physicians in his own community? One thing for which the colored race should be eternally grateful is that it is beyond human ability to stop the evolution of the mind. It is from just such critics as Dr. Wynn that the aspiring colored man is inspired to develop his latent powers and to prove to the world that a "man's a man for a' that."

(MRS.) M. C. LAWTON.
Brooklyn, March 4.

N Y MEDICAL RECORD
JANUARY 5, 1918

Infant Mortality Among Negroes in New York.—Since the summer of 1916 intensive efforts have been made to reduce the infant mortality in the Columbus Hill District of New York, which has a large negro population. The records of this district show that for the year 1915 the death rate among negro infants was at the rate of 314 per 1,00 births. Intensive efforts were then made for the control of this high death rate, with the result that for the year 1916 the rate was 168.50. For the year 1915 the infant mortality rate for the city as a whole was 202; for 1916, 193.3, and for 1917, 175.6 per 1,000 births, for the first nine months of the year. The infant mortality rate for the white population for 1915 was 96.2; for 1916, 90.7, and for 1917, 89.71.

Trudeau Tuberculosis Sanatorium in Paris.—The Red Cross formally opened the Edward L. Trudeau Tuberculosis Sanatorium in Paris, on December 25. The hospital has only eight beds at the present time, but it is hoped to increase the number to 1,200 within the next year. This is the first

NEGROES RESPONDNG EMERGENCY CALL

SPARTANBURG S C JOURNAL
OCTOBER 16, 1918

Judging by a report filed with the influenza committee this morning, the colored women of Spartanburg are responding nobly to the call for aid in the present influenza crisis and are doing all in their power to relieve the seriousness of the situation.

Mary Wright, a member of the committee of colored people, working under the direction of Prof. Frank Evans, this morning reported the results of her canvass of the colored people of the city. She reported that five nurses had been secured, one of whom is a student nurse, and that a considerable quantity of bed clothing and cots had been offered.

The following have volunteered as nurses: Mattie Shears, 439 Spring street; Carrie Stuart, 447 South Liberty street; Lavinia Moore, 145 Highland street; Addie Covington, 131 Highland street; Janie Tillotson, 252 Cummings street.

The following articles were placed at the disposal of the influenza committee: One pair blankets, one quilt, seven towels, one spread, four sheets, four pillow cases, three cots and one mattress.

LOUISVILLE KY COURIER JRN
OCT 8 1918

Negro Babies Weighed.

Mrs. Alex Barret, chairman of the Child's Welfare Committee of the Woman's Committee, National Council of Defense, has begun the weighing of negro children in co-operation with the national campaign. The weighing of white children was conducted with marked success in the various school districts of the city.

Weighing of negro babies began yesterday, when it was conducted in the Western Colored School, Sixteenth and Madison streets. To-day the weighing will be conducted at the Portland School, Twenty-eighth and Lytle streets.

To-morrow at the Phyllis Wheatley School, Sixteenth and St. Catherine streets.

Friday at the Lincoln School.

Next Monday at the Douglas School.

Tuesday at the Benjamin Bannecker School.

Want Negro Children To Measure Monday

The work among the colored children, through the fifth year, according to United States government instructions received, in weighing and measuring, as the first step of the year in child welfare work, will be observed in this city on Monday, 9 to 5 o'clock, Charity Hospital.

Mrs. J. W. Norton, president of the Mothers' Union, and president of the Fourth District Louisiana State Federation of Women's Clubs, has accepted the chairmanship of this work, under leadership of Mrs. C. L. Wheeler, city chairman. Mrs. Norton will be assisted by Mrs. George Sexton, Mrs. T. M. Comegys, Mrs. Edna Holmes and Miss Sadie Naman. The parish and city chairmen, Mrs. J. E. Howe and Mrs. C. L. Wheeler, also will be on hand.

These ladies will organize the work and then leave it in the hands of the intelligent colored citizens, who are showing an active interest in having their race properly registered. The ladies will come in during the hours for registration to observe progress of the work.

All colored mothers of children through the fifth year are urged to bring their children to the Charity Hospital without further instruction, and they will be enrolled, weighed and measured. Physicians will render all necessary assistance. Anyone desiring to volunteer for this service will be welcome, and may so notify Mrs. J. W. Norton, chairman.

BALTIMORE MD MORNING SU
APRIL 16, 1918

City May Employ Negro Nurses.

Employment of colored nurses to help reduce the death rate among negro infants was suggested to Health Commissioner Blake yesterday by Mayor Preston. If employed, they will be connected with the Bureau of Child Hygiene soon to be established.

Dr. Blake was asked by the Mayor to confer with the Board of Estimates over plans for financing the bureau by cutting down some of the department's present activities.

"THE NEGRO HEALTH PROBLEM HERE IS CARROLL'S ADDRESS

Daily Herald

State Director of Negro Branch Council of Defense."

The Only Negro Speaker At The Conference Last Week.

8-1 Aug 8

Special to The Daily Herald:

Columbia, S. C. August 6.—During the session of the health conference, Seymour Carroll, of Columbia, state director of the Negro branch of the State Council of Defense, delivered an address before the Health Institute now being held at Chicora College on the "Negro Health Problem in South Carolina."

Among other things, Carroll said: "We have gathered here in this conference to confer among ourselves and work out this problem in a systematic basis and upon democratic principles of carrying the message into every home in South Carolina and it is the duty of those of you who volunteered your services in this movement to put enthusiasm into the work.

"In a great many instances vagrancy is caused among both men and women of our race by diseases that could be avoided if they had been properly warned, and, therefore, campaign after campaign of a vigorous nature should be carried on until the message in made plain and they realize the great dangers they place themselves in. This in a great measure would assist in solving the labor problem, as people with healthy bodies, work better, accomplish more and give better service in every way. As an illustration, Atlanta, Georgia, with a Negro population of 60,000 permits five thousand of those to remain seriously sick all the time. The records show that funeral expenses and doctors bills are in the neighborhood of $761,000, besides the Loss of Labor in deaths, 1,569. It is estimated that at least $1,700,000 could be saved alone by systematic introduction into that city of sanitary improvements which science has demonstrated are essential to good health and incraese in the length of life I quote from the records of the Negro Health Bulletin that Charleston, S. C. spends for medical attention $400,000, gives to the undertaker about $90,000. Out of 33,000 in the city about 1,200 die each year of disease. The final loss to the city from Negro sickness and death is estimated at $1,700,000. It is considered that $1,000,000 of this amount might be saved through sanitary improvements.

"The same record shows that South Carolina with its 835,943 Negroes in the census of 1910 against 679,161 white peaple, shows that a greater responsibility lies in the hands of these black people who have gathered here at this conference. The Negro is less informed, is harder to reach, and in many instances overlooked by the machinery in hand, not because he is black, but those things that have been essential of building race character among our people thru out the South, we have shown little interest anhe has been left to thrive as best he can.

"I want to urge that you put your very life into this work. Give all of your time, day and night. We have prayed as a race, we have prayed as an individual, asking God to give us a chance. As long as we deport ourselves in a manly and womanly way and with a big open heart, with all willingness without force or demand, we are going to be invited as the days come to assist in solving these problems and contributing our share to the health, industrial, moral and commercial growth of this great country. Wherevere you go, make a friend, make a better friend, and I assure you that under the great program that has been laid down by the foremost President of the United States, that great liberty war leader of this world, Mr. Woodrow Wilson, that you will agree with me, that we need not have any regrets for the past and no fears for the future."